Canadian Hospital

- *How to Save up to 20 per cent on Linens*
- *Addition to St. John's Convalescent Hospital*
- *Controlling Supplies in the Small Hospital*

MAY, 1952

Official Journal—Canadian Hospital Council

A Good Man to Know

IN THE FOOD FIELD

Typical of Gumpert field men all over the Dominion is Eddie Carlin, who has served the food industry in Quebec Province for many years. His years of experience in food preparation techniques make him invaluable to his customers, both old and new.

Eddie Carlin exemplifies the ability of the Gumpert representative in your area to aid you with tested merchandising ideas and proven ways to increase sales and profits.

If you haven't talked with a Gumpert Field Representative lately, it will pay you to do it now. Drop us a card, and we'll see that one gets in touch with you. No obligation.

Manufacturing Headquarters

300 FOOD SPECIALTIES for the Restaurant Industry!

Schooled

TO HELP YOU SERVE BETTER FOOD ECONOMICALLY!

How Gumpert Field Representatives Aid Institutional Food Serving

You can hold costs down with a GUMPERT quality product because Gumpert's Field Representatives are schooled in the finest practical food training with the finest restaurant specialty food products in the field today.

Their ability to aid your business is kept at peak efficiency through:

(1) A concentrated basic course for new Gumpert Field Representatives in the use of all Gumpert products in your field.

(2) Field training under Gumpert veterans that schools them in direct contact with specialized problems and their solutions.

(3) Periodic food service "clinics" at headquarters, where experts drill them in the most recent ways to use Gumpert quality products to keep costs down and quality up for thousands of institutions.

(4) Continuing "refresher" courses that keep them abreast of the latest developments and needs in your type of operation all over Canada.

Thousands of institutions know how successfully this training pays them — in improving their methods, bettering their quality, gaining new economy and efficiency. Why not let the Gumpert Man show you, too.

YOU CAN SERVE BETTER FOOD WITH A

GUMPERT

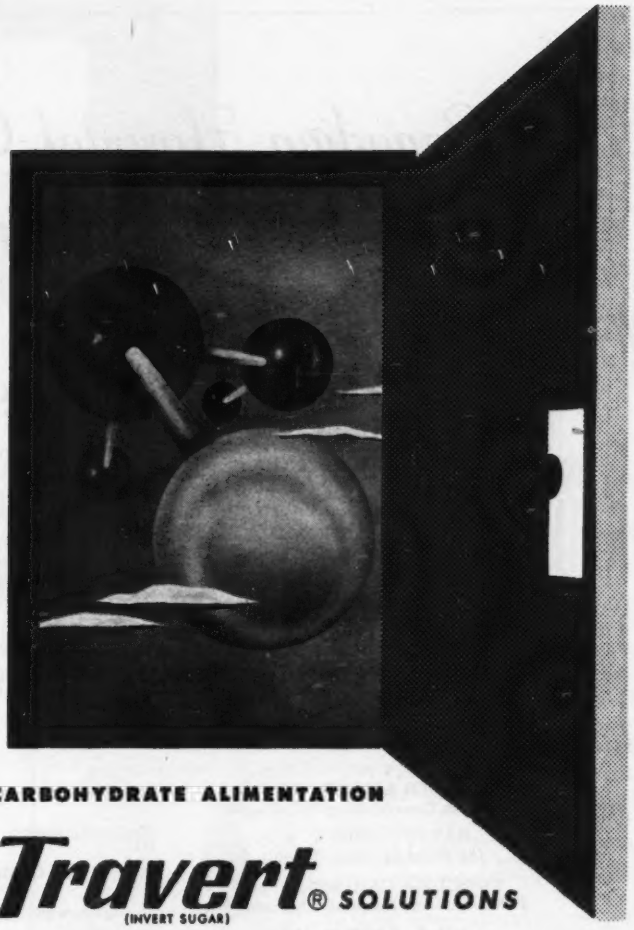
QUALITY PRODUCT!

S. GUMPERT CO. OF CANADA LTD.

31 BROCK AVE. • TORONTO, ONTARIO
1396 RICHARDS ST. • VANCOUVER, B. C.

Contents

Vol. 29 **May, 1952** No. 5



Opening the door to . . .

INCREASED CARBOHYDRATE ALIMENTATION

10% *Travert*® SOLUTIONS

(INVERT SUGAR)

- *for twice the calories of 5% dextrose*
- *in equal infusion time*
- *with no increase in fluid volume*

With *10% Travert* solutions, a patient's carbohydrate needs can be more nearly satisfied within a reasonable time with no increase in fluid volume or vein damage. *Travert* solutions are sterile, crystal-clear, colorless, non-pyrogenic and non-antigenic. They are prepared by the hydrolysis of cane sugar and are composed of equal parts of D-glucose (dextrose) and D-fructose (levulose). *Travert* solutions are available in water or saline in 150 cc., 500 cc., 1000 cc. sizes. For the treatment of potassium deficiency, *10% Travert* solutions with 0.3% potassium chloride are also available in 1000 cc. containers. *Travert* is a trademark of BAXTER LABORATORIES, INC.

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The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments, the Canadian Medical Association, and the Blue Cross Plans.

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announcing..

OHIO CHEMICALS
brand of
Trichloroethylene
U.S.P.

nitrous oxide-oxygen anesthesia
with **TRIMAR**

NON-EXPLOSIVE

NON-FLAMMABLE IN AIR AT ORDINARY TEMPERATURES AND PRESSURES

NON-TOXIC

RELATIVELY NON-NAUSEATING

CONTRIBUTES TO UNEVENTFUL RECOVERY

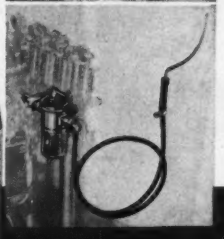
NOT UNPLEASANT TO TAKE — NO OFFENSIVE ODOR

as an adjunct to nitrous oxide-oxygen, for surgery which does not require a deep plane of anesthesia or profound muscular relaxation. Ohio provides the necessary conversion items for convenient, satisfactory and efficient methods of adapting the Heidbrink Kinet-o-meter for use with Trimar.

CAUTION – Do not use in closed circuit with soda lime as toxic products may result. Do not use standard ether vaporizer to administer Trimar.

CLINICALLY PROVED

As an agent for analgesia and as a synergist in anesthesia, Trichloroethylene has been gaining widespread recognition. During the past ten years there have been over a million clinically successful cases with its use in Great Britain and Canada.



NON-REBREATHING TECHNIQUES

The Trimar vaporizer connected to a 2-way valve mounted on a stand model Heidbrink Kinet-o-meter. The vaporizer supplies gas through a 3-liter collector bag. Gas then goes through the inlet of a non-rebreathing Slater-Stephen type of valve into a standard Ohio mask of any size.

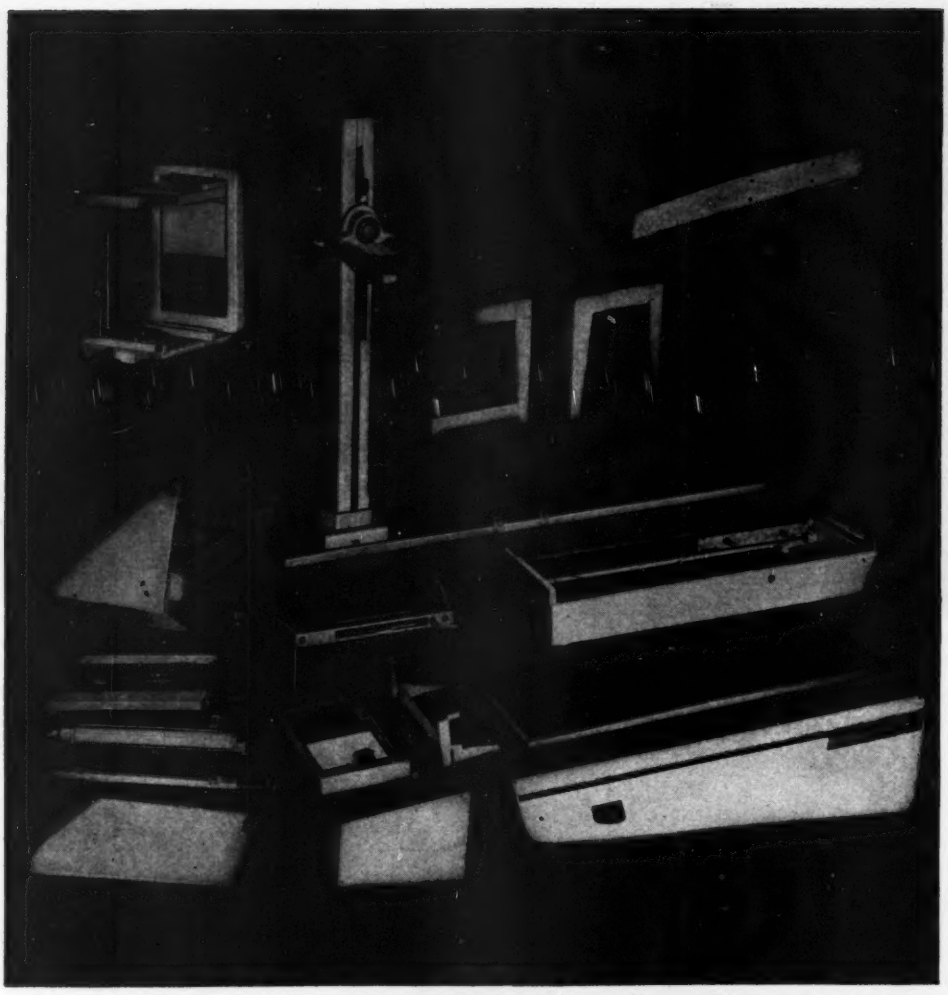
A similar assembly employs an intratracheal catheter in place of the face mask. A short length of large-bore tubing connects the non-rebreathing valve to a curved Magill catheter connector which is in turn attached to a standard intratracheal catheter.

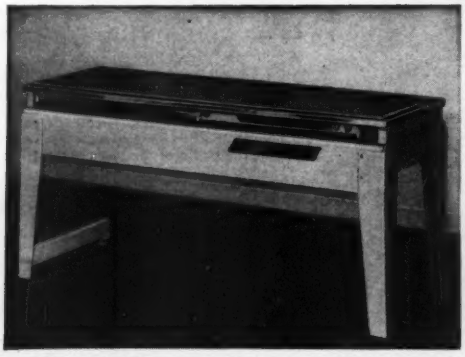
PARTIAL REBREATHING TECHNIQUE

The collector bag is eliminated and in its place a T-connector with a side arm is installed, connected by a short length of large-bore rubber tubing to the catheter connector. This assembly provides for Ayres' technique, and the amount of rebreathing is controlled by changing the length of this rubber tubing.

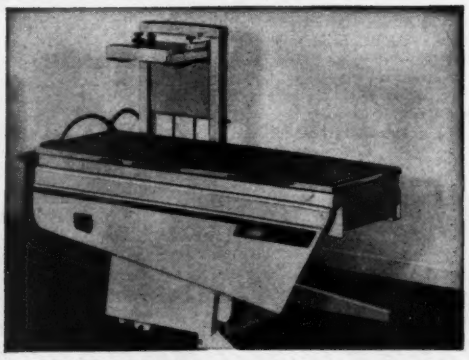
write for 6-page descriptive folder No. 2110

Ohio Chemical Canada

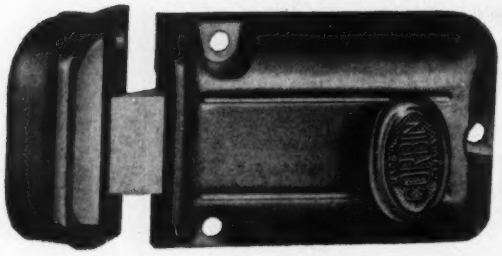




HORIZONTAL BUCKY TABLE — This is the simplest, the basic Maxicon unit. Practical for use in straight radiography, it can later be upgraded to provide one of *many* units to expand your facilities as you need them.



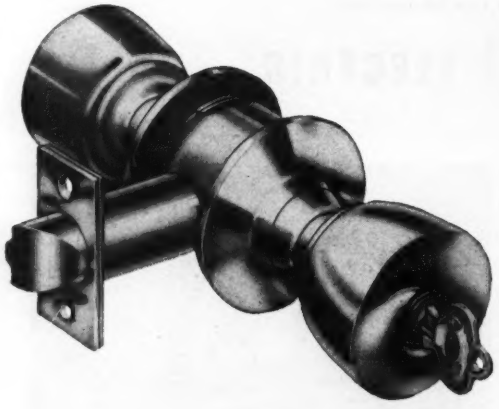
HAND-TILT FLUOROSCOPIC TABLE — Here is an outstanding example of the versatility General Electric offers you in the Maxicon line. This table will let you fluoroscope with the table in any position from Trendelenburg to vertical.



CORBIN'S
NEW NIGHT LATCH

Free hand operation — just a one-quarter turn of key or knob and latch stays back! No fussing with stop button. Specify Corbin's Night Latch when discussing building plans with your architect and builder. Aluminum die-cast case, strike and bolt — 5 pin-tumbler security — neutral gun metal finish, maroon, bronze, or aluminum.

Meeting the demand for quality-value



CORBIN'S
Cylindrical LOCK

The finest cylindrical lock in the field. Its flawless beauty, absolute security and practical convenience make it ideally suitable for all hospitals, institutions and schools. Look at these "plus" features: 5/8" throw—100% reversible — roll-back latch principle — automatic deadlocks — adjustable for doors 1 3/8 to 2 in. thick—no screws on roses or knob shanks — fast 2-hole installation.

CORBIN LOCK COMPANY OF CANADA, LIMITED

BELLEVILLE **ONTARIO**

ONLY STEINWAY & SONS MAKES THE

STEINWAY

ONLY PROCTER & GAMBLE MAKES

IVORY

***AND* ONLY SEAMLESS MAKES**

STOPPERLESS®

★ ***Ask for–Insist on the Original and Genuine STOPPERLESS–Accept No Substitute***

····· **LOOK FOR THIS SEAL** ·····▸

1877 75th 1952

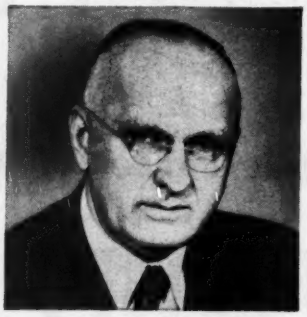
SEAMLESS

Across the Desk

By C.A.E.

Herbert V. Raymond

It is with deep regret that we have to report the sudden passing of Herbert V. Raymond, who died suddenly in Quebec City on April 1st, 1952, in his 62nd year.



Mr. Raymond had been Industrial Sales Manager of the Colgate-Palmolive-Peet Company, Limited, for the past 22 years. Prior to this appointment he served from January, 1928, to February, 1930, in the capacity of District Sales Manager in the Montreal office, having joined the firm as a salesman in January, 1922.

His absence will be keenly felt by all those who were associated with him during his years in the Industrial business. He was well known in the hospital field and regularly attended hospital association conventions as an exhibitor.

Not only does his Company lose an able officer, but also his many business friends will miss this man who at all times reflected the highest ideals of Christian brotherhood.

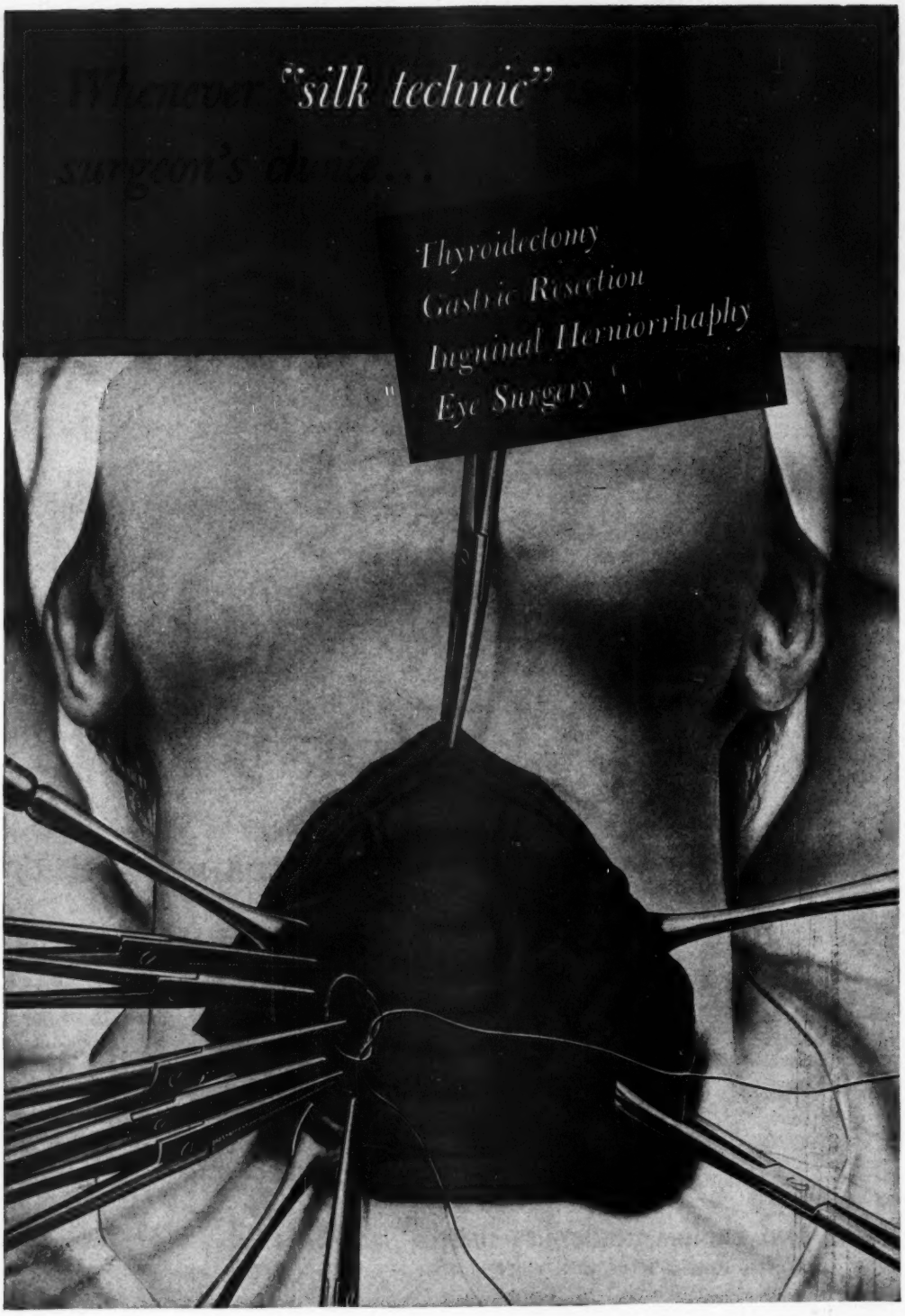
• • •

Dominion Oxygen Company Moves

To obtain larger accommodations for expanding operations and to avoid downtown congestion, Dominion Oxygen Co. Limited and three associated companies are moving into modern offices in the new building of the Deer Park Branch of the Toronto Public Library at 40 St. Clair Avenue East. The new quarters, comprising all the available office space in the building, are adjacent to the St. Clair station of the City's new rapid transit system.

The General Offices of Dominion Oxygen Company, Limited (compressed gases, welding processes and equipment), will be transferred from the present quarters at Bay and Front to new accommodations with 35 per cent more space for present and future expansion. Equipment and furnishings will be in keeping with the more efficient layouts which are possible in the new premises. The improved facilities and pleasant surroundings of the new offices have been designed to help increase staff efficiency and allow Company personnel to render beter service to suppliers and customers.

(Continued on Page 16)

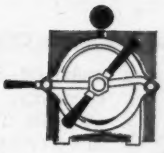

"silk technic"
Thyroidectomy
Gastric Resection
Inguinal Herniorrhaphy
Eye Surgery

ANACAP

SURGICAL SILK

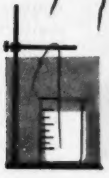
5 *ways better than ever before*

1. Greater tensile strength: One of the strongest silks ever created—smaller diameter sizes can be used everywhere to minimize trauma and foreign body reaction.



2. Withstands repeated sterilization: New Anacap Silk can be boiled or autoclaved *six separate times* without appreciable change in either strength or texture. In laboratory tests almost the full original strength is maintained even after 23½ hours of boiling.

3. Easier to handle: Firmer, not limp, Anacap Silk speeds operative technic. Braided by a new method that minimizes "splintering" and "whiskering" it passes readily through tissues. The ease of handling Anacap makes it a "new experience" in silk suturing.



4. Absolute non-capillarity: Having no wick-like action, new Anacap Silk is resistant to body fluids and will not spread an early localized infection if it occurs.

5. Doubly economical: Low in original purchase price, new Anacap Silk is also low in individual suture cost because of its long sterilization life.

In sizes 6-0 to 5 on spools of 25 and 100 yards; sterile in tubes with and without D & G Atraumatic® needles attached.

DAVIS & GECK, INC.

57 Willoughby Street, D&G *Brooklyn 1, N. Y.*

Across the Desk

(Continued from Page 12)

Becton-Dickinson Introduces Disposable Blood Donor Set

With the statement that "it is inexpensive enough to be *really* disposable," Becton, Dickinson and Company, of Rutherford, N.J., has introduced a new Blood Donor Set for the use of blood banks.

The B-D Disposable Blood Donor Set consists of a 24 inch length of B-D Plastic Tubing with an intravenous needle attached to one end and a stopper-puncturing needle to the other, and a special holder-clamp. When the clamp is snapped in place on the hub of the stopper-puncturing needle it serves both as a "shut-off" for the tubing and as a device to facilitate the insertion and withdrawal of the needle through the rubber stopper of the vacuum receiving bottle.

The tubing and needles used for the B-D Disposable Blood Donor Set have the same internal diameter which, according to the company, permits the flow of blood from donor to receiving bottle in a vein-like environment never before approximated. By providing an unobstructed flow of blood at a steady rate, turbulence and consequent damage to blood cells are minimized.

• • •

Banfield Opens Vancouver Office

Arnold Banfield & Company, Limited of Oakville, Toronto and Montreal, has announced the appointment of Mr. G. W. Pryce as British Columbia representative. From the new Banfield sales office at 343 Railway Street, Vancouver, Mr. Pryce will contact the hotel, hospital, restaurant and institutional trade with Formica laminated plastic, Weymosol vinyl resin coated upholstery fabric and Kys-Ite plastic table-ware. His previous experience with J. J. Marshall Limited has given him an extensive knowledge of these products and their applications.

• • •

Johnson & Johnson Appointments

Mr. W. M. Campbell, President of Johnson & Johnson Limited, surgical dressings manufacturers, announces the appointment of John Macdonald as Executive Vice-President, J. A. Grier as General Sales Manager and A. W. Clark as Director of Merchandising.

Mr. Macdonald, a director of the Company for

(Concluded on Page 20)

NOW available in Canada!

New Formula

JOHNSON'S BABY LOTION

hospital-proved scientific protection against impetigo—cradle cap — excoriated buttocks — heat rash and diaper rash

New Formula Johnson's Baby Lotion with hexachlorophene 1% has been demonstrated to be highly effective as a preventive and therapeutic agent for the major skin afflictions of infancy.

It consists of a non-toxic, non-irritating, oil-in-water emulsion. New formula lotion produces a discontinuous film having the ability to protect the skin from external irritative agents, without interfering with its normal physiologic functions.

PROOF: New formula Johnson's Baby Lotion was subjected to clinical investigations in many large hospitals, for a period of more than 10,000 baby days. It reduced the incidence of skin irritations *of all types* to an average of less than 2%.

FREE!
Mail coupon for free samples...

Johnson & Johnson
LIMITED MONTREAL

Johnson & Johnson Limited,
2155 Pie IX Blvd.,
Montreal, Que.

Please send the following free samples of New Formula Johnson's Baby Lotion . . .

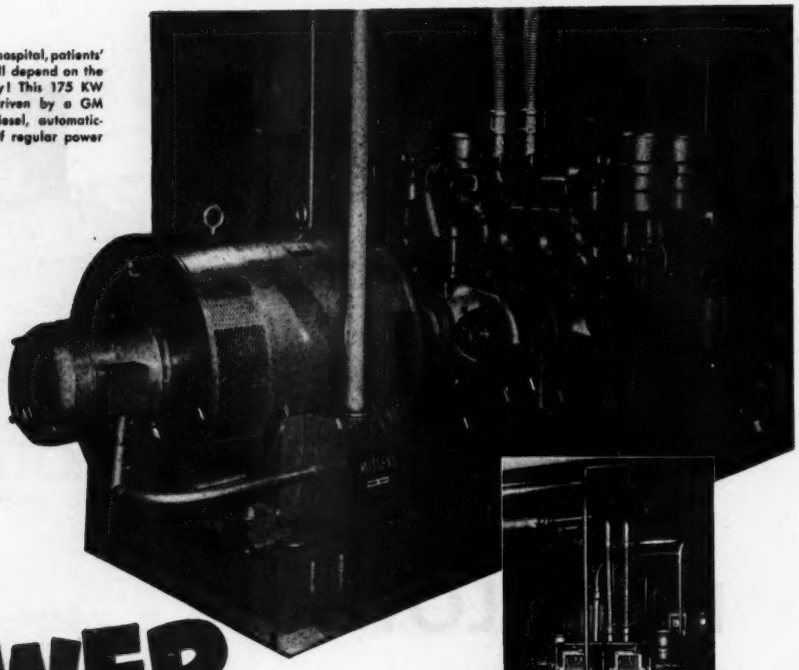
☐ 1 oz. distribution samples
☐ 3 oz. clinical trial bottle

Name .....

Street .....

City ..... **Prov.** .....

In a modern hospital, patients' lives may well depend on the power supply! This 175 KW generator, driven by a GM Series 71 Diesel, automatically cuts in if regular power supply fails.



POWER on the spot

This picture of the stand-by power room at the Victoria General Hospital, Fredericton, N.B., illustrates the space-saving compactness of the GM 2-cycle Diesel. Parts are light in weight and easily accessible.

When you're on the spot for power, here's power on the spot!

In less than five seconds from the time of a power failure, this emergency generator delivers a full load of power to the Victoria General Hospital in Fredericton, N.B. Installed over a year ago, the stand-by generator is driven by a General Motors Twin Six Series 71 Diesel Engine.

Hospital authorities chose a GM Diesel for this vital task because of its all-'round operating superiority. Another important consideration is that Diesel fuel is less volatile and therefore greatly reduces fire hazard.

More and more engineers are finding that GM Diesel Engines give the perfect answer to their need for safe, dependable low-cost power. You, too, can make the same discovery. For full details, contact your local GM diesel dealer, or write direct to us.

GENERAL MOTORS DIESEL LIMITED
LONDON, ONTARIO
Incorporating
DIESEL ENGINE DIVISION, GENERAL MOTORS PRODUCTS OF CANADA LTD., OSHAWA

GM GENERAL MOTORS DIESEL POWER

D-852

DIESEL BRAWN WITHOUT THE BULK

Hoffars Ltd., 1790 W. Georgia St. ..... VANCOUVER, B.C.
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Waterous Ltd., 10419-96th St. ..... EDMONTON, Alta.
(Branch Office) 723-10th Ave. West ..... CALGARY, Alta.
Western Tractor & Equipment Co. Ltd., 1675 Halifax St., REGINA, Sask.
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(Branch Office) 725 N. May Street ..... FORT WILLIAM, Ont.
W. C. Becker Equipment Co. Ltd., Queen Elizabeth Way, Box 37, Station N. ..... TORONTO 14, Ont.
Mussens Canada Ltd., 65 Colborne St. ..... MONTREAL 3, Que.
(Branch Office) Church Street Extension ..... FREDERICTON, N.B.
General Diesel Inc., 97 Cote d'Abraham ..... QUEBEC, Que.
Goodspeed-Millard Appliances Ltd., 468 Prince St. ..... TRURO, N.S.
Logue Industrial Equipment Ltd. ..... SYDNEY, N.S.
Steel and Engine Products Ltd. ..... LIVERPOOL, N.S.

UNMATCHED PYROGEN-FREE PROTECTION

. . . plus operating economy

Typical Analysis of Water Distilled by Reflux Still at a rate of 10 gallons per hour.	
Odor	none
Color	none
Sediment	none
pH value at 20° C.	5.9
Heavy Metal (USP test)	negative
Oxidizable Substances (USP test)	negative
	parts per million
Total Solids	**0.85**
Volatile Solids	0.85
Inorganic Solids	0.00
Nitrogen	0.034
Free Ammonia	0.008
Albuminoid	0.000
Nitrites	0.000
Nitrates	0.000
Chlorine	

WRITE TODAY for complete information and specifications

THE *Castle* REFLUX STILL

will consistently produce a distillate having less than 0.90 parts *total* solids per million parts water, at the rate of 10 gallons per hour. Compare this tell-tale factor

Check these important highlights —

- **NEW RECORDING CONDUCTIVITY METER** will reveal any deviation from the established standard of purity throughout the 24-hour day . . . greater patient safety.
- **IDEAL FOR CENTRAL STERILE SUPPLY** as all hospital departments and services which utilize sterile water may be supplied with uniform distillate of standard purity . . . centralizes responsibility.
- **UNIQUE ENGINEERING DESIGN** permits application to low pressure steamlines where necessary . . . accessibility for easy cleaning also a factor.

WILMOT CASTLE COMPANY
1176 University Avenue Rochester 7, N. Y.

THE STEVENS COMPANIES
TORONTO CALGARY
WINNIPEG VANCOUVER

Castle

CASGRAIN & CHARBONNEAU, LTD.,
MONTREAL

Across the Desk

(Concluded from Page 16)

John Macdonald

J. A. Grier

A. W. Clark

many years, was formerly Vice-President in Charge of Sales. Mr. Grier, also a director of the Company, was formerly Sales Manager. Mr. Clark, before joining Johnson & Johnson Limited, was advertising manager for one of Canada's large department stores.

• • •

At the Canadian International Trade Fair

Among the exhibitors at the Canadian International Trade Fair, Toronto, June 2-13, who will display equipment and apparatus of interest to hospital personnel are the following:

Fracture and surgical instruments, hospital and laboratory equipment, x-ray apparatus—Hevesy Corporation, Montreal, Quebec.

Scientific instruments, microscopes, surgical lights, binoculars, cameras, gauging equipment hand tools for industry—Berbier Benard & Turenne, Paris, France.

Electrocardiographs, electrohaemoscope, colorimetric equipment, blood counting equipment, microscope cover glasses—Hellige & Co., Heinrich, Germany.

Laboratory and scientific equipmen—Phywe Aktiengesellschaft, Gottingen, Germany.

X-ray diagnostic equipment, electrosurgical apparatus, electro-medical and infared apparatus, centrifuges — Mema-Export, Delft, Holland.

• • •

The Seven Stages of Man

First: Milk.

Second: Milk and vegetables.

Third: Milk, ice-cream sodas and candy.

Fourth: Steak, French fries, ham and eggs, cake, pie.

Fifth: Pate de foie gras, frog legs, lobster, crepe suzettes, scotch and champagne.

Sixth: Milk and crackers.

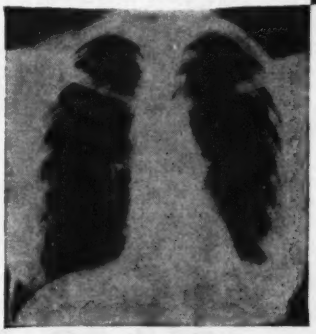
Seventh: Milk.

Dihydrostreptomycin Sulfate

A drug of Choice in Tuberculosis

Numerous studies by leading clinicians confirm that Dihydrostreptomycin Sulfate is as effective as streptomycin, minimizes pain and swelling at the site of injection, and may be used even in some patients allergic to streptomycin. Furthermore, extensive comparative investigations have proved Dihydrostreptomycin Sulfate Merck less toxic to the vestibular system. In addition to the dry form, this preferred product is available also in a convenient, ready-to-inject form as Dihydrostreptomycin Sulfate Solution Merck.

PARA-AMINOSALICYLIC ACID MERCK (PAS), when used in combination with Dihydrostreptomycin Sulfate Merck, prolongs the effective period of antibiotic therapy by inhibiting or delaying the development of bacterial resistance.



↑BEFORE TREATMENT

(9 days prior to Dihydrostreptomycin therapy) Diffuse lobular tuberculous pneumonia, lower half of left lung; thin-walled cavity above hilus (3 x 3.5 cm.).

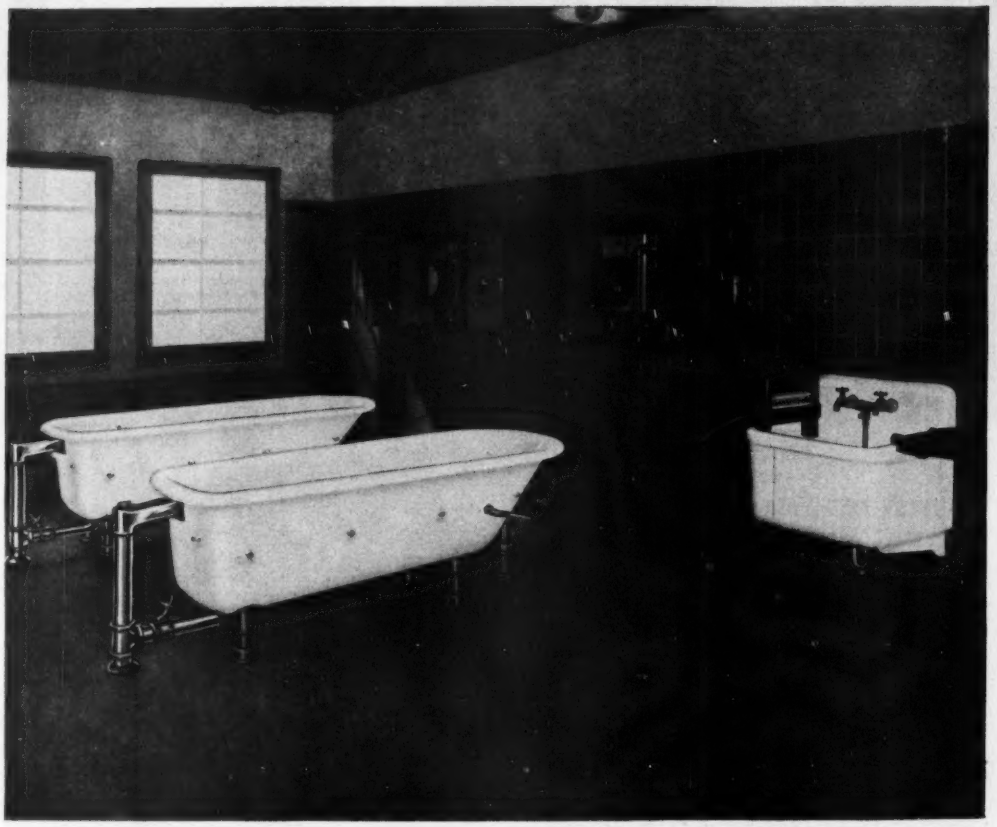
←AFTER 3 MONTHS' TREATMENT

(2 days after discontinuance of Dihydrostreptomycin) Considerable clearing of acute exudative process in the diseased lung; cavity smaller and wall thinner.

DIHYDROSTREPTOMYCIN SULFATE MERCK

MERCK & CO. LIMITED
Manufacturing Chemists
MONTREAL · TORONTO · VANCOUVER · VALLEYFIELD

CRANE HYDRO-THERAPEUTIC EQUIPMENT



Crane Hebra-Therapy Continuous Flow Baths, cast iron with porcelain enameled inside. Also, Crane Duraclay Pack Tray.

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L. O. Bradley, M.D., Editor

CANADIAN HOSPITAL

Toronto, May, 1952 Vol. 29 No. 5

Obiter Dicta

Commission to Investigate Nurse Shortage

AN IMPORTANT new health body, the Canadian Commission on Nursing, came into being on January 19, 1952, at a joint meeting of representatives of the Canadian Medical Association, the Canadian Nurses' Association, and the Canadian Hospital Council. Its formal organization followed a series of meetings that grew out of a resolution passed at the 11th Biennial Meeting of the Canadian Hospital Council in May of 1951.

At the first formal meeting of the group in November, broad terms of reference were prepared. It was proposed that the Commission investigate carefully the current nurse shortage so that it might recommend measures to ensure the provision of adequate nursing services for Canada's health needs. For its early deliberations, the Commission will be limited to six active members, the representative of the Canadian Medical Association to act as chairman. When plans have been formulated, membership will be enlarged by drawing from the national field.

A study of the contributing causes of the serious nurse shortage was instituted at the first meeting and data is being gathered. At recent meetings, methods of alleviating the shortage have been under discussion.

The course of action of the C.C.N. will be determined in part by the funds available for its program. It is now being financed by the three participating groups. The next major determinant will be the spring meetings of the three interested organizations. Direction and momentum will be given to the project by the speed and clarity with which these three groups recognize the urgency of the situation. A great deal of careful work and thought will be necessary to bring this issue into focus. From it a realistic program should be initiated to meet our nursing needs.

Commission d'enquête sur la pénurie d'infirmières

UN nouvel et important organisme sanitaire, la Commission canadienne sur le Problème des Infirmières, fut créé le 19 janvier 1952, lors d'une réunion conjointe de représentants de l'Association médicale canadienne, de l'Association des Infirmières canadiennes, et du Conseil des Hôpitaux du Canada. Son organisation fut le résultat d'une série de réunions nées d'une résolution passée à la 11e Réunion biennale du Conseil des Hôpitaux du Canada en mai 1951.

Lors de la première réunion officielle du groupement en novembre, on ébaucha les grandes lignes du programme. Il fut proposé que la Commission fasse une enquête sérieuse sur la pénurie d'infirmières qui existe actuellement, afin qu'elle puisse recommander des mesures tendant à assurer les services infirmières nécessaire pour faire face aux besoin du pays. Pour ses premières déliberations, la Commission se limitera à six membres actifs, sous la présidence du représant de l'Association médicale canadienne. Une fois que des plans auront pris corps, de nouveaux membres, choisis parmi les divers groupements professionnels du pays, seront ajoutés au comité.

Une étude des causes contribuant à la pénurie d'infirmières fut institutée à la première réunion. La commission est actuellement en train de recueillir des informations à ce sujet. Aux dernières réunions, on a examiné les moyens de soulager le manque d'infirmières.

Le programme d'action de la Commission canadienne sur le Problème des Infirmières sera determiné en partie par les fonds à sa disposition. En ce moment, le comité est financé par les trois groupes qui le composent. Un autre facteur qui influencera les travaux sera les réunions du prin-

temps des trois organismes intéressés. De la vitesse et de la clarté que ces groupements apporteront à reconnaître qu'il s'agit d'un problème urgent, dépendront l'orientation et l'impulsion du programme. Pour mettre cette question bien en relief, il faudra un travail sérieux et réflechi. On peut s'attendre à ce qu'il en découle un programme rationnel qui répondra à nos besoins en infirmières.

Two Provincial Health Surveys Tabled

IT IS reported that six provincial health survey reports have reached the Department of National Health and Welfare. Two of these, those of Saskatchewan and Alberta, have been tabled in their respective legislatures and been announced from Ottawa. (See page 58.) Up to this point, the work of these survey groups (and they have been tremendous undertakings) has included a very limited number of people and therefore few have had the opportunity to study the over-all health problem It becomes important now that this information be made available and be freely discussed by our voters and tax payers.

It may be expected that all these reports will recommend extensions and specific improvements of present health facilities as well as the introduction of new services and organizations. It seems most unlikely, however, that the remaining provinces will speak, when they do speak, in terms of health insurance plans as Saskatchewan and Alberta have done. For the former, the emphasis will be on extension of present services.

British Columbia will certainly proceed cautiously as a result of its recent financial experiences and Manitoba may be expected to follow a sound middle of the road direction. Quebec has stated its reservations about health insurance in excellent French and Ontario has expressed its attitude in the 1951 provincial election. The Atlantic provinces will go slowly since their capacity for health expenditures is now severely taxed.

The above conjectures coupled with the recent decision at Ottawa not to appoint a parliamentary committee on health insurance would indicate that a nation-wide scheme of health insurance is not imminent in this country. This is well for we are not ready for it, either psychologically, or in physical facilities or organization.

However, both the Saskatchewan and the Alberta report point the direction to a sound and logical extension of health services. First things must come first. For a substantial proportion of our population, local public health services are at a bare minimum or are non-existent. In many of our operating health units, services have been limited because funds are short. Public health salary scales are too low in comparison with those of other health fields.

Hospital facilities are steadily improving though much remains to be done for the chronically ill, particularly in the mental field. The range of general hospital service needs to be widely expanded. The framework of rehabilitation is only now taking form.

Each report emphasizes the point that we have raised many times. It is well to add more bricks to our health structure but it is vital that there be enough mortar to hold it together. There is great need of personnel, of almost every category and in almost every kind of health service. To prepare these people, more training facilities are urgently required. Recommendations appearing in the health surveys should be thrice underlined and accorded our immediate attention.

The principle of health insurance has been widely endorsed but the means and the route to reach the goal of the highest quality of health care are in dispute. We can go forward in areas on which there is general agreement. Where open disagreements exist, problems must be studied carefully and objectively by committees and research groups composed of all interested parties. From this type of examination, answers will come and greater cooperation will result.

May 12th Sets Challenge for the Year

NO QUESTION about it! the celebration of National Hospital Day this year was a new record of achievement in newspaper coverage, radio time, hospital visits, prayers, and so on. Nor can the success of it be evaluated during the immediate post-celebration exuberance. Much more will become evident as the year unfolds.

Many more people in communities, east and west, north and south, became truly aware of their hospital for the first time. They realized their personal responsibility for the first time and they will feel proud of that responsibility.

But, *you*, as a hospital employee, as a hospital executive or board member have incurred an even greater responsibility as a result of your efforts on May 12th. You must now put this program of better community relations on a continuing basis. Toward this end, your interest, ingenuity, and energy must be unflagging the year round.

Closer Liaison with the Medical Staff

WITH the warmth and freshness of spring breaking around us, this seems a good time to suggest that our medical profession and our hospital administration put their heads together to talk over mutual problems and other matters which affect our clientele. Too often when these groups meet, it is to discuss some contentious issue and as a result neither side fully appreciates the sterling qualities of the other.

In an article, in the March issue of *Modern Hospital*, Dr. Frederick T. Hill, medical director, Thayer Hospital, Waterville, Maine, writes of his efforts to strengthen the ties between these two major health groups at the state (provincial) level. This can be accomplished if the medical group is asked to and does participate in hospital association activities and meetings. Further, this participation could be extended to other group studies of current health problems.

It has long been suggested that closer liaison betwen these two groups at the local hospital level will result in better patient care. While this has been achieved in many hospitals by various means, the full harvest of this relationship has not been reaped. A joint approach to rising costs, better utilization of facilities, public relations, personnel shortages, and so on, will produce material results but, of greater importance, it can build community confidence in the doctor and the hospital.

Although there has been a temporary ebb in the tide of social security, the flow can be anticipated again. It will be much easier to handle the ship if these two groups know where it is going and how they can work together — for better community service.

Voluntary Hospitals } Viewpoint of the Catholic Hospitals

Sister B. Bezaire,
Administrator,
St. Paul's Hospital,
Saskatoon, Sask

BEFORE discussing this topic, I would like to make it clear that the perspective of Catholic hospitals is not precisely Catholic in the sense that it is governed by disciplinary regulations. Our stand is based on Christian philosophy and can be defended easily on purely natural grounds. That is the point that I should like to bring out in this article.

Voluntary hospitals and their future, relative to state-owned hospitals, is a subject foremost in the minds of all hospital people today as we witness the development of various hospital schemes throughout the country. Rather than look to their future, it might be easier to look at their past, from their origin arising from some specific need, to their accomplishments for the betterment of humanity and promotion of scientific progress. However, even this has been done very capably, as you will find in one or another volume in a hospital library. (I would refer you in particular to "On Hospitals" written by Dr. S. S. Goldwater.) Therefore, I have chosen to develop the natural reasons by which voluntary hospitals are entitled to existence, to freedom of operation, and to expansion.

An address presented at the Saskatchewan Hospital Association convention held in Regina, Oct., 1951.

Justice

At hospital conventions and at institutes, we have all heard papers on legal justice as it affects hospital-patient relationships or employer-employee relationships. *Justice*—the word sounds cold, hard, and unremitting. However, it is only one part of a whole classification which I will invite you to study more fully with me. You will see that justice need not be something to look upon with a certain feeling of apprehension but rather it is a way of thinking which should inspire us and influence our every act.

Justice is defined as a moral virtue which constantly disposes the will to give to everyone what is his due. It supposes that we do what is right because the right is considered a debt to a neighbor (something to which he is entitled) and that we avoid the opposite wrong which would prove harmful to him. A dictionary further explains that justice is giving to man his strict due, deciding the case on its own merits, and rendering decisions on the basis of fairness, propriety, conformity to standards, and adherence to fact.

Justice is a *moral* virtue, one which must be acknowledged even by those who do not accept the authority of the Ten Commandments, because it is at the very basis of human society and is founded on purely natural law. It is the virtue which protects man's threefold right—of self-preservation, of perfecting himself morally, and of developing his activity by proper efforts.

Another definition may be in order here. I have said that justice is a moral virtue or a virtue based on moral law. What is moral law? Moral law pertains to man's conception of what is right and just; it helps him to discriminate between right and wrong. Its authority cannot be denied. Did not a pagan philosopher say: "Wise men, though all laws were abolished, would lead the same lives"?

Why? Because internal and practical judgment have been given us as human beings living in society. Man is a social being. Surely this needs no clarification except perhaps to indicate the difference between "social" and "sociable". There are three types of society, each implying the need for an authoritative body.

Domestic Society: wherein children are the inferiors and parents are superiors, where pupils are inferiors and teachers their superiors, where employees are inferiors and employers are superiors.

Civil Society: wherein citizens and those coming under the law are inferiors, and those who are vested with public authority are the superiors.

Religious Society: wherein the pastors represent authority and have parishioners who are committed to their care. (In parenthesis, I might add here that sisterhoods consider themselves as forming a section of domestic society, although, like all other groups, they also enter into the other two classifications.)

Moral justice requires us to fulfill our duties toward each of these, for example, towards civil society. Besides love and respect, we must obey its just laws, contribute to the expenses of the state and, conscientiously, discharge our political obligations and exercise our political rights.

We have spoken of societies and of rights and duties which govern our relationships to these. Let us see now the classification of justice which clarifies these obligations. As in types of society, there are three.

Commutative Justice:

This deals with the relationships of man to man or group to group. It maintains equality between the thing given and the thing received (*e.g.* labour is entitled to remuneration). It harmonizes the exercise of man's three-fold right and demands restitution when violation has been made. It is affected by laws relating to life and liberty, as also by those injuring the honour, the reputation or the property of others.

Distributive Justice:

This refers to the duties of superiors to inferiors, of employers to employees, of the government to the people. A human community is, in a sense an organic unit, although differing by the fact that its parts are composed, not of cells but of individuals. A cell cannot live away from the whole while an individual does live a private life also and, in consequence, has definite personal rights.

Legal Justice:

This has been discussed often as it concerns the relations of the individual to his community. A community is a unit formed by all the persons living in it. As such, it has demands and exigencies which must be met. Personal advantages and personal rights must be regulated to harmonize with those of the rest of the community.

Vindicative Justice: is a part of legal justice. If a law is violated, justice demands punishment for the safeguard of human society.

Of all the above-mentioned, commutative justice alone deserves the name of justice because it obliges us to render to others what is their due, by the rigorous title of "right".

From the three-fold right mentioned earlier—the right of self-preservation, the right to better oneself morally, and the right to increase one's activity by work—flows the right to ownership of property, the right to own that for which one has worked or that which has been acquired by gift.

Right of Property

The right of property is the power to dispose of a thing and its utility according to one's own will, independently of others. It is generally called proprietorship or ownership. If a man has the right of preserving his life, he has thereby the right to dispose of the means necessary for such preservation but, without permanent property, without capital, man cannot have the necessary security, especially where old-age and infirmity would prevent him from gaining his livelihood day-by-day. One may object that the individual would receive assistance in such a case; however, that would compel him to depend on others and would be at variance with man's right to enjoy personal independence. Man has the right to perfect himself morally and intellectually. How can he devote himself to this unless he has some material security? Man has the right to hold and possess the fruits of his activity, that which he has gained by labour. By labour, he has set upon them the seal of his own personality.

There are many reasons which justify this.

(1) Man will have more interest in what he is doing when he realizes that that for which he has worked has become his own, *i.e.*, when he receives a just reward for his activity.

(2) If private ownership were abolished, it is most evident that it would inevitably end in confusion. Have you ever had an occasion to observe what occurs when something is left out for common use and no one feels accountable for it? Destruction and confusion are the only words which adequately express what actually does take place. Do we want this multiplied a thousand times by alienating the right to private ownership?

(3) Moreover, peace and order among individuals are dependent on the respect of each person for the rights and properties of his neighbor.

(4) Finally, the right to property has been long since acknowledged everywhere, by all nations and it has been sanctioned by civil laws. Did not the philosopher say: "Wise men, *though all laws were abolished*, would lead the same lives." Civil laws, like the Ten Commandments, are but to keep before men's eyes the laws that should be written in their hearts.

I have tried to make clear, the following:

That man is a social being, and, as such, has duties towards those with whom he lives, and also rights which are basic and inalienable.

That moral law is one which binds all men in their relations

A corner of the attractive and beautifully decorated nurses' lounge in the new staff residence at St. John's Convalescent Hospital, Newtonbrook, Ont. *(see next page).*

with one another, as well as in their personal conduct. It is the result of a practical judgment by an inner sense which governs man by the very fact of his being, endowed with intelligence and reasoning. It is the principle of right conduct.

That justice is a virtue flowing from these and that it governs our relations with individuals and with the society in which we live. It may be classified thus: (a) duties of individuals to one another, as parents to children, employers to employees and vice versa; (b) duties of individuals to society — observance of civil laws and sharing of society's burden by taxes, and political responsibilities; (c) duties of society to individuals, governments to people.

Social justice is the virtue upon which society is based. Without it, there is confusion, deterioration, destruction, war, and absence of incentive to progress and development. Without it, the world in which we live becomes unsafe for anyone who values his life, his family, and the fruit of his labour.

Voluntary Hospitals

It is upon these grounds that the Catholic hospitals wish to take their stand in defense of the voluntary hospital system. It is equally upon these grounds that any voluntary organization, unless it be a menace to the common good, can prove its right to existence, to progress, and to ownership.

A voluntary hospital is generally considered as an expression of the desire of well-meaning groups to render a real service to a community. There is every reason then why they should be recognized as such and freely permitted to develop as the needs arise. They are a result of voluntary enterprise.

The group who has organized a voluntary hospital is a moral body. It acquires duties by the very fact that it occupies a place in society. It has rights which are regulated by natural law, namely, the right to exist as long as it has a positive purpose; the right to expand as long as it does not violate the rights of any other body or individual in so doing; and, finally, the right to own the fruits of its labours, i.e., the right of proprietorship.

Voluntary hospitals as organized by religious institutions are, like all others, the result of a need, and we are justly proud of the philosophy which inspires them. As well as giving personal service to the sick, they are a protection to society by the very fact that they are prepared to uphold certain principles of morality essential to the safeguard of that society. We know that our ethical code, though not always acknowledged by those of other faiths, does influence a certain line of thought and makes others consider their own position in relation to it. Some people condemn our firmness but their judgment would be more lenient could they see what actually can occur were we not there if only standing in mute condemnation. No one with any appreciable amount of hospital experience will attempt to deny this. To give only a few examples, for those who may require them, let me mention euthanasia, sterilization, so-called therapeutic abortion, and prefrontal lobotomies. Were it not for the firm stand of the Catholic hospitals, these practices might easily become a menace to society and a greater cause of fear to the already apprehensive patient who must enter the hospital. The suppression of voluntary institutions such as these or

(Continued on Page 96)

The new one-storey wing of St. John's Convalescent Hospital, Newtonbrook, Ont., is seen extending to the right from the older building.

Rest Fresh Air and Sunshine for Convalescents

SET in 30 acres of landscaped garden and woodland a few miles north of Toronto, Ont., St. John's Convalescent Hospital has served, since 1937, in speeding the recovery of patients who have passed the acute stages of illness. Here rest, sunshine and fresh air, are important elements in treatment, as well as occupational therapy, and physical medicine, which is receiving increasing emphasis. Under the administration of the Sisters of St. John the Divine, the hospital is affiliated with all general hospitals in the Toronto area and has done much in the past 15 years to relieve the shortage of beds for acutely ill patients.

There is one resident medical officer and the hospital has a voluntary visiting staff which consists mainly of representatives appointed by chiefs-of-staff at the various general hospitals.

Some years ago it was realized that the original 67-bed red brick building was far from large enough to meet the demand for the specialized care provided there. Hence, with due consideration for the principle that a convalescent hospital should not be too large lest restfulness be sacrificed, it was decided to add one further unit for patient care. This project has been completed and the new 106-bed standard ward wing, now in use, is to be officially opened next month.

Standard Ward Wing

In accordance with the purpose of the hospital the architects, Mathers and Haldenby of Toronto (who also designed the original building), planned a pavilion in which every patient would have a maximum of sunshine indoors and easy access to the pleasant gardens. The wing is designed in bays and for every four patients there are french doors leading to the green asphalt terrace. Here, patients may enjoy the fresh country air in deck chairs, wheelchairs, or in their beds. When closed the french doors form part of the window units, which are thirteen feet long and extend from floor to ceiling.

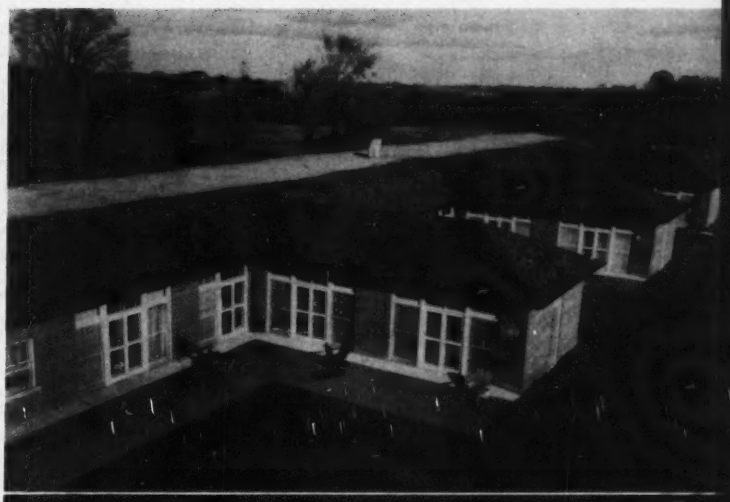
Rev. Sister Beatrice, administrator of the hospital, stands in front of a shrine in the garden.

The new one-storey wing extends from the main building at an oblique angle, in order to give the greatest amount of light to all rooms, and is joined to the older section of the hospital by means of a ramp. This gently sloping runway levels off several feet below the ground floor to form the first part of the 306-foot corridor. The main entrance to this pavilion, facing north, divides the wing approximately in half; the part nearest the older building being used for male patients and the remainder used to accommodate female patients.

Patients' rooms are made up of

4-bed and 8-bed wards, with a number of single rooms set aside as segregation units. The wards are located along the south side of the main corridor and in 8-bed bays which project out from both the north and south sides of the building. Large double-glazed windows reaching to the floors provide a pleasant view of the surrounding grounds. The 8-bed bays are divided into two sections by a metal and glass screen; and cubicle curtains which run easily on ceiling mounted tracks can be drawn about each bed. Mattresses of foam rubber with zippered cotton covers are wonderfully comfortable and easy to handle. Beside each bed is a built-in metal clothes locker which extends to the ceiling to prevent dust from accumulating above. An over-bed lamp switch and the nurse call cord, as well as an electrical outlet for the patient's convenience, are in a panel within easy reach from the bed. Silent switches are used throughout. In wards set aside for stryker frame beds, a narrow space between the wardrobe and the wall provides a neat storage place for the section of the frame not in use.

Along the corridor on the northern side are such facilities as the utility rooms, treatment rooms, linen cupboards, bathrooms, and the nurses' stations; these services being duplicated for both the male and female sections. Wards closest to the two nurses' stations have been planned primarily for fracture cases. Nurses' stations are enclosed part way up in glass. Off each station is a medicine cupboard with a sink; the narcotic



Above: An aerial view of the new wing shows projecting bays surrounded by extensive lawns and wooded grounds.

Centre: A corner of the large, bright women's lounge in the new wing. Doors at the left lead onto the terrace.

Below: A typical arrangement of ward beds which, in most instances, have been placed parallel and close to the large windows. Draughts are prevented by double glazing, insulation, and radiant heating.

safe has also been placed in this room.

Bathrooms are divided into a number of individual bath compartments; each of which contains a shallow porcelain tub and a grab rail. Fracture toilets, likewise provided with grab rails, are standard units set upon 10" bases of terrazzo, a convenient height for wheelchair patients. Cement enamel and tile line the walls of the washrooms, utility rooms, and janitor's closets and the flooring is of terrazzo. In addition all corridors have a terrazzo cove to prevent the walls from being damaged by wheelchairs or other obstacles. All floors throughout the rest of the building, except where terrazzo has been used at the entrance, are of linoleum with black linoleum coved bases 6" high.

An innovation which has proved attractive and functional is the use of large teak door pushes throughout the hospital to replace the usual metal or glass push plates. These large wooden discs, 6" in diameter, are of Swedish design and have eliminated noticeable finger markings on the door surfaces. The doors are further protected by stainless steel kickplates.

The building, which has no basement, has been thoroughly insulated for coolness on hot summer days and to conserve heat during the winter. While the earlier building has steam heating provided by large boilers, a system of radiant heating has been installed in the new wing. For this purpose steam is piped from the main building and converted into water by a small unit in the roof of the wing. The heating coils are in the floor and temperature is controlled by the thermostats in each nursing unit.

Of special interest is the use made of the attic space over this one-storey structure. The hot water mains, which service the radiant heating coils, extend through this attic space to a centrally located distribution point. Tap water piping, also, has been placed here. As insulation for the building has been applied directly over the ceilings below, some of the piping might freeze in cold weather were it not for the warm air which is circulated through the attic, one continuous space, at all times. A large exhaust fan has been placed at one end of the attic and through grilled openings in the ceilings of the corridors, utility rooms, et cetera, the warm stale air is continually sucked up into the attic. Here it passes over the piping and is eventually exhausted from the building through a chimney. Thus the wing is simply and economically ventilated.

Features which must be of considerable aid to the convalescent patient's recovery are the two airy lounges. The spacious women's lounge, located at the extreme end of the wing, has large windows covered by floral drapes and these form a colourful setting for the blonde modern furniture. Patients who may walk stroll into this room to read, listen to the radio, write letters or just relax in the comfortable chairs; fellow patients in wheelchairs or stryker frame beds are also brought here and likewise enjoy the room's homelike atmosphere. Many articles made by the patients are on display in a cabinet and may be sold; in this way they may realize a small income from their work if they so desire.

Again in the men's lounge glass plays a prominent part in making best use of its southern exposure. The south wall is entirely of glass and yellow drapes heighten the cheeriness of the room. A colourful picture hangs over an open fire-place and brightly patterned upholstery on wooden framed furniture harmonizes to make a most attractive room. For the most part green, brown, and yellow in varying tones have been used throughout the building, with white effectively dramatizing these colours.

Construction costs of this wing totaled $292,438, exclusive of furnishings and equipment.

Private Pavilion

While the new wing was under construction, extensive renovations to the existing building were planned as well as completion of the third storey for patient accommodation. The unit now contains administrative offices, service and treatment departments, and space for 75 private and semi-private patients, bringing the total capacity of the hospital to 181.

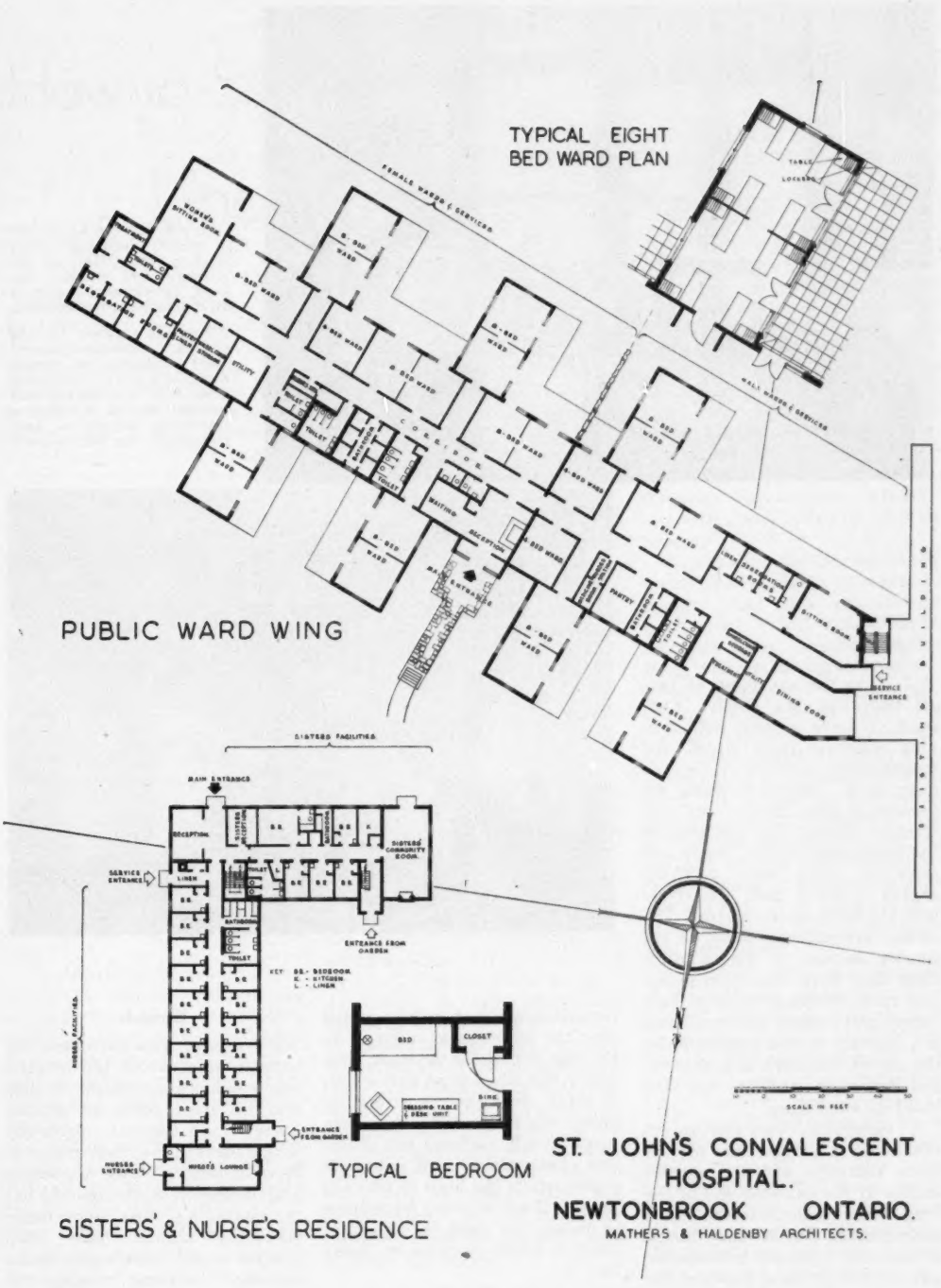
All rooms have running water and have been refurbished in gay chintzes and softly tinted wall tones. There are comfortable lounges on each floor, chairs and sofas having foam rubber filled cushions which are much appreciated by convalescents. Large open fire-places add to the homelike atmosphere. The second and third floors also have large sunrooms and sun-decks for the use of patients. A new feature is the dining room on the second floor for private patients who are well enough to stay up for meals. It has individual formica-topped tables in grey and wine, the walls are of Carribean blue, flowered curtains also pick up these tones, and a large wall mirror reflects the whole room to great advantage.

At the head of the ramp which leads to the new wing is the public patients' dining room which has windows around two sides, with a view across the lawns, and trim modern furnishing. There is cafeteria service and just beyond the food counter, which serves both, is a new staff dining room. Decorated in quiet fashion, with excellent pictures on the walls, this is essentially a room in which to relax from the day's work while dining.

Off this corridor, also, is the south wing which has been converted into a physical medicine department. Its central position, not far from the elevators, is very convenient for patients from the new wing as well as those in the private pavilion. Near the entrance to this department is the office of the superintendent of nurses and also a tuck shop where patients may purchase sundry small items.

Residence

Situated some 125 feet from the hospital, is a new residence for the Sisters and the nursing staff. The two-storey, "L"-shaped building has accommodation for 35 nurses in the long arm of the


TYPICAL EIGHT BED WARD PLAN
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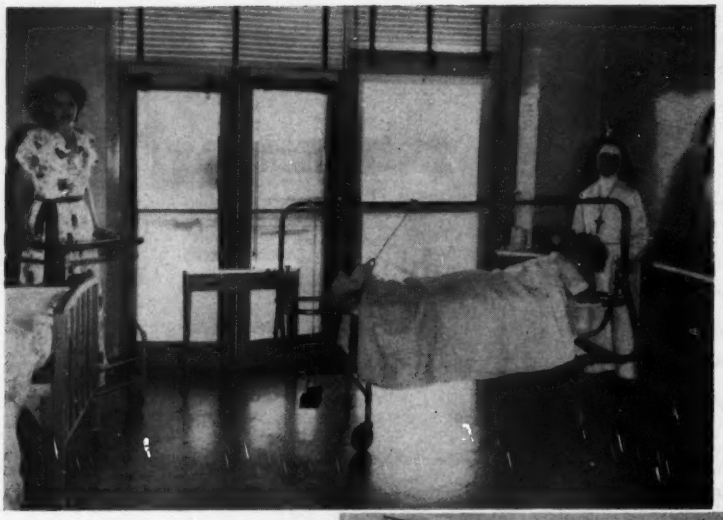


Left: An orthopaedic patient is shown reclining on a stryker frame bed: at the extreme left another patient is pictured using a mechanical aid for walking.

Below: A patient in the physical medicine department re-learns to mount stairs before returning home. In the foreground another patient is riding a stationary bicycle to help strengthen his leg muscles.

"L." With the exception of two, all bedrooms are single. Each room contains a basin with running water, a large closet, and combination dressing table and desk unit. Bedroom walls are painted in light colours; and contrasting shades and patterns in the bedspreads, lamps, chairs, and cushions, have been carefully chosen to blend most effectively with the main colour scheme. The Sisters are accommodated in the shorter section of the building. Here they have their own reception room, community room, bedrooms, and a small kitchen. There is a laundry in the basement for the use of the staff; and showers and bathroom facilities are provided on each floor.

A tastefully decorated reception room is located just off the main entrance and the nurses' lounge at the extreme end of the long wing affords comfortable surroundings for off-duty hours. A modernly equipped kitchenette, adjoining this room, provides for between-meal snacks and refreshments for guests. Large floor-length windows have attractive floral drapes which may be pulled over the windows at night or to the side during the daylight; thus giving the effect of an entire wall of glass. Book-shelves extend on either side of the large open fireplace. Bright pictures, soft chairs and chesterfields, and even the piano, which has been re-finished in an off-white tone, harmonize to make the room a delightful place in which to relax or entertain.

Exclusive of furnishings and equipment, the residence was constructed at a cost of $164,853.

Grounds

A fringe of trees surrounds the acreage upon which the hospital and residence are built. Spruce and fir trees form an avenue along the 625-foot driveway which leads to the main entrance. New landscaping came to a standstill during the winter months but is continuing now and many flowering shrubs have been planted to add more beauty to the already charming setting. A chapel in the grounds, not yet under construction, will complete present plans.

How to Save on Linen Costs

Harry P. McLaughlin,
Assistant Director,
Vancouver General Hospital,
Vancouver, B.C.

ONCE upon a time, not too long ago, purchasing agents in hospitals looked on the travelling salesman as a modern "Jesse James" when asked to buy sheets at $16.80 a dozen, pillow slips at $4.32 a dozen or wool blankets at $5.22 a pair.

How times have changed! Today the same salesman would be given a special bonus and a vacation trip with all expenses paid by his company if he brought in the order that purchasing agents would place now at those same prices. Our "linen" purchasing dollar has shrunk more than a pair of cheap woollen socks ever did in a laundry wash-wheel.

It is no wonder, then, that hospital administrators are today entering the fields of research in an effort to find the solution to their ever-increasing linen costs.

Many excellent articles have been written on linen control and no doubt, by applying some of the suggested controls, hospitals have been able to effect appreciable savings in the operation costs.

It is doubtful, however, if any series of articles contain the secret formula which would eliminate our linen control problems. It is necessary to work out a solution, adopting these methods which best serve our particular needs.

It is not the intention in this article to outline the "do's" or "don'ts" but to attempt to set a pattern upon which some plan of linen control may be introduced.

Like all hospitals we had our linen headaches and in approaching our problem it was felt that there were certain basic factors which must be included in our scope of study and that each factor should be analyzed as a separate project. These factors, not necessarily in order of importance, were:

1. Delegating the over-all responsibility for control of linen budget to one person.
2. Establishing adequate linen standards for nursing units.
3. An inventory of all hospital linen.
4. Standardization and detailed linen specifications for purchasing.
5. Control of linen repairs and discarding.
6. Sterlizing procedures.
7. An educational program for all personnel.

Linen Budget

An assistant director, who was the functional officer for the housekeeping and laundry departments, was delegated authority to administer the "linen" budgets. It was his responsibility to check and approve all requisitions for additional linen before they could be filled. This proved to be time-consuming, as many requisitions had to be investigated thoroughly to determine the need, but the investigation often revealed that there was some unavoidable reason for delay in the laundry or the distribution of linen and the apparent shortage had vanished before the investigation could be completed. A close control and investigation of requests for increased in-service linen can help balance the budget.

Standards for Nursing Units

We were hearing constant cries from the nursing supervisors about inadequate linen supplies. It was proposed to conduct a full study of the method of linen distribution. We were interested in knowing if our in-service linen inventory was sufficient to provide the desired standard for good patient care and, secondly, if our linen distribution procedure needed revision.

This hospital used the daily requisition system for ordering linen. Head nurses on each nursing unit were responsible for requisitioning linen requirements and the requisitions were filled from a central linen room.

On many occasions, because of short supplies in the central linen room, it was necessary to cut back the requested number of certain articles so that each unit could receive a share of the available supplies. The number delivered was often insufficient to fill their needs.

We found, however, that nursing units were asking for a greater amount than was actually required and it was impossible to ascertain from existing requisitions their actual requirements.

For the next four months, every article requisitioned and the number delivered was recorded on a master sheet, together with the number of patients on each ward, the number of incontinent patients, and the number of discharges for the previous day. At the end of four months all this information was tabulated and the average number of pieces of each article delivered to each unit daily was determined.

Additional linen was included in the proposed standard to take care of incontinent patients and the average number of daily discharges. The standard table was prepared to show the distribution figure for each item according to daily census. For example, on a nursing unit where the average census was 35 and the total complement 37, the table would be worked out on a range from 30 patients up to 39 patients. (Extra beds on the large nursing units are not uncommon.)

When this table was completed, the next step was to "sell" it to the nursing department. It is not

necessary to remind anyone that the drowning man will reach for anything and at this point nursing personnel were willing to try anything even more than once. The proposed standard was discussed with the nursing supervisors at which time we did our best to explain the reasons for establishing a standard and how it would be operated. Now, instead of the head nurses completing a daily requisition, the linen room would call the nursing units daily for their census and then deliver the linen.

Needless to say, the nursing supervisors were most co-operative and offered some excellent advice which assisted in putting the plan into effect. It was agreed that we should introduce the plan on the ward where we seemed to be experiencing most difficulty in maintaining adequate linen. We had assured "nursing" that they would receive sufficient linen to fill their needs regardless of the proposed standard if the standard was found inadequate.

With some trepidation, the plan was initiated. A daily check was made with the head nurse to determine how it was working out. Both upward and downward adjustments were made to the table on a few items.

We found that the head nurse was becoming quite happy with the new procedure and, with renewed confidence that maybe we had something, the plan was introduced progressively to other nursing units in the same manner.

The standard has now been introduced to all units in the hospital's main building which has a complement of over 400 beds. It was found necessary to increase the in-service inventory in some items but the increase was only fractional of what we had expected.

What was once a continuous cry of shortages has disappeared. By sharing the available linen on a more equitable distribution, we have been able to meet the demands of the nursing units. In order to keep the plan operating smoothly, our building housekeeper checks the linen cupboards daily and if certain items are starting to stockpile in any one cupboard the surplus is returned to the linen room and the standard is adjusted downward. Conversely, if one of the units is running short of any article, the housekeeper investigates and if necessary the standard for that article is increased. Any method of standard distribution must be flexible enough to allow for revision and improvement. In any revision it is advisable that all concerned be consulted. In brief our experience has been that a more equal distribution of available linen, when made on actual experience, can help to control linen budgets.

Inventory

We have always believed that the average person was a souvenir hunter at heart and the experience of the hotels bears this out. It is doubtful, however, if a great percentage of loss in hospital linen can be charged directly to patients. In order to determine the percentage of loss in linen it is important that a physical inventory of all linen items be made at least annually.

The controller is particularly interested from a cost and control factor. The inventory will show the percentage of losses, replacements, and increase in inventory because of shortages to total inventory. This information can assist him materially when he is faced with preparing his budget for the coming year. The purchasing agent is anxious to know the serviceability of material and, if the specifications are satisfactory, the number of articles of each item he should carry in stock inventory. If buying on tender, when he knows the utilization for each article he can better estimate his yearly requirements and not carry too great a stock of any item in his inventory stock. The laundry manager is also vitally interested. He wants to know whether his washing formulas and method of operation is protecting the expected life span of each article. A linen inventory at regular intervals can supply many of these answers.

Preparatory instructions, issued for taking an inventory, should be complete and clear but should not be so long that they will be confusing. Nursing personnel play a very important part in taking an inventory. They are busy and have no time to read long instructions, so make these as brief as possible. Because of the importance of the task, nursing supervisors and head nurses should be responsible for supervising the count. There is a difference of opinion regarding the most satisfactory and expeditious manner of taking inventory. Here again each hospital should develop that plan which best suits its needs. Briefly a pattern could be worked around the following outline:

(a) Prepare fully descriptive inventory sheets, including blankets and bed throws.

(b) Establish a time, satisfactory to all concerned, for starting the count.

(c) Close off linen chutes.

(d) Nursing units count pieces on beds, in cupboards, not forgetting any "hidden supply" that might have been put away by a special nurse.

(e) All soiled linen on wards is put in bags and tagged for the count to be taken in the laundry.

(f) Laundry makes count of all processed linen.

(g) All linen in process in the laundry and in all tagged bags is counted by laundry as it comes from flatwork ironer or tumbling department.

Extra care should be taken for an accurate count of blankets, bed throws, chair covers and similar articles. At today's replacement prices they constitute an appreciable investment.

In a large hospital, taking a complete inventory is a tremendous undertaking and needs the co-operation of all personnel. In these times, with costs still rising sharply, the end result will justify the time and expense. Inventories must be undertaken if you desire any form of linen control.

Standardization of Items

Standardization of all items of linen, particularly operating room linen, can contribute to "linen

(Continued on page 76)

Controlling Supplies in a Small Hospital

Robert B. Ferguson, B.A., D.H.A.,
Administrator,
Humber Memorial Hospital,
Weston, Ontario.

THERE may exist a tendency on the part of small hospital administrators to feel that accepted storage and issuance controls as they exist in large institutions are impractical and prohibitive in small hospitals. This is not so, for the basic principles of storage and issuance of hospital supplies are common to establishments of all sizes. Only in their application need there be differences, depending on individual circumstances.

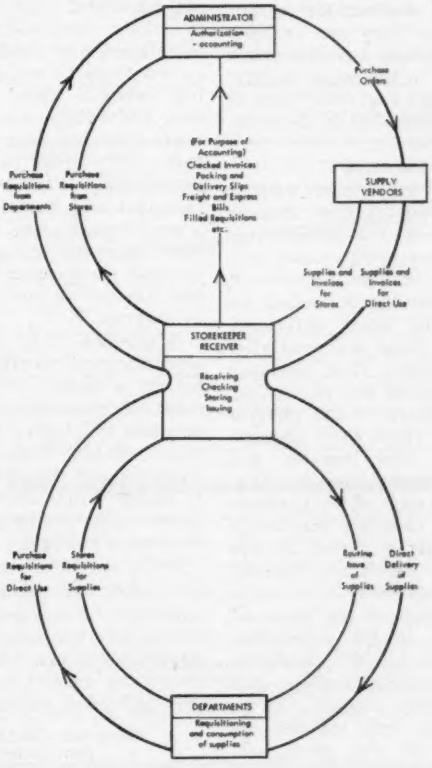
Many small hospital superintendents must make the most of inadequate and poorly located storage space because this department seems to have been neglected by architects, while the revenue-producing departments have been favoured. While a good stores department may not produce income, it may materially reduce expenditure. Whatever the facilities available, the small hospital administrator may improve, modify, and improvise, with the purpose of effecting satisfactory principles of storage. These are fundamental to the successful operation of all hospitals.

Centralizing Facilities and Function

All supplies, no matter where they are stored, should be received centrally. With the exception of engineering supplies stored under the engineer's control, drugs which are kept and controlled in a separate drug room, and perishable foodstuffs stored in the kitchen area, all other types of supplies should be stored and issued centrally regardless of the size of the hospital.

No small hospital can afford to be without at least a part-time storekeeper, whose storekeeping duties may be combined with other work in the institution. If one part-time employee is required to centralize completely the receiving, storing, and issuing functions, the small hospital superintendent will be well on the way to good storeroom control.

The small hospital will do well to have one generous storage room for general stores divided into aisles or sections for each type of supplies, e.g., dietary, medical and surgical, stationery and office, housekeeping, x-ray and laboratory, china and glassware. If the hospital has been built with two or three small storerooms scattered through the basement, it will be most satisfactory to have the largest and most conveniently located one used as the general storeroom. The other rooms may be used for bulk goods (to replenish stores in the main room) or if necessary for one bulky division of stores. Whatever the number of rooms used, it is fundamental that they be under the control of one person — the storekeeper.



This chart illustrates how the storekeeper-receiver is the administrative link between the administrator and departments in the acquisition and control of hospital supplies.

Size of Inventories

The major function of the stores department is to assemble centrally an optimum and adequate stock of necessary items to ensure a continuous supply to the various wards and departments. No two hospitals will carry the same size of inventories. Size will depend on many factors such as the amount of space available, finances, price advantage, and the proximity to and availability of supplies.

If there is no appreciable price advantage and supplies are near at hand, there is little or no justification for the small hospital to carry extensive stocks in the central stores department. Indeed, it may be a definite advantage not to stock certain items centrally but to buy them as required for delivery by the receiver directly to the department requesting them. This applies to many items which are subject to deterioration, obsolescence or pilferage, before they can be used. Thus establishing a central stores department in the small hospital does not mean that every item in use is also stockpiled on the storeroom shelves.

Receiving

All incoming goods, without exception, should pass through the hands of the storekeeper-receiver. Frequently there is a tendency to by-pass the receiver, usually when one is waiting for needed items which arrive by mail or for those delivered after regular hours. This tendency should be curbed and all arriving goods should go to the receiver before they reach their ultimate destination. The receiver will check the goods, item by item, and sign his copy of the purchase order. This receiving function is important, for it forms the one independent check on incoming goods as indicated by count on the receiver's copy of the purchase order made in the superintendent's office for all purchases. When the original multiple-part purchase order is made, the receiver's copy will indicate the destination of the goods, *i.e.*, general stores or a department. When goods go into general stores, the storekeeper (who, usually, will also be the receiver) will sign the receiver's copy of the purchase order to acknowledge receipt of the amounts indicated. When goods go directly to a department, the appropriate department head will do this. Thus these shipments will be double checked, once by the receiver and once by the department receiving the goods.

The receiver's copy of the purchase order (along with packing slip, if any), completed in this manner, is matched with the invoices; and in the first case charged to the proper inventory account or in the second case to the appropriate expense account.

Issuing

It is fundamental that goods are issued from the storeroom only upon receipt of a valid requisition. Rigid adherence to this rule will help to impress on all parties concerned that they are handling and consuming what is equivalent to dollars. Issue days should be established and departments required to carry enough stock to last between these days. Two days per week are sufficient for most wards or departments but food and drugs are usually issued daily. Each ward or department will, therefore, require a small departmental storage cupboard or closet and goods issued to these are considered expended and are not carried in hospital inventories.

Requisition forms need not be elaborate but it is usually helpful to use a system of differently coloured requisitions for major divisions of supplies. Each requisition will show both the amounts requested and the amount actually issued. These requisitions are accumulated monthly for each division of supplies.

When stocks in the storeroom fall below the minimum established by the superintendent, the storekeeper will send a purchase requisition to him which usually shows the amount on hand and the established minimum.

Storeroom Control and Accounting

Few small hospitals have seen fit to set up a perpetual inventory system of storeroom accounting. Most of them still derive their monthly expense figures, unrealistically, from purchases rather than actual consumption. Most small hospital administrators seem to feel that a perpetual inventory system, such as is prevalent in most larger hospitals, will cost the small hospital more than the benefits it yields. Small discrepancies in stock may not justify such an expensive control procedure, they think, and stocks may be kept to necessary levels by regular physical checks to indicate the need to purchase.

A modified system is possible in smaller hospitals which offers many of the advantages of the perpetual inventory method but requires less work. Invoices, covering goods purchased, are charged directly to an appropriate expense account if the goods have been delivered directly to a department. An appropriate inventory account (such as dietary, medical and surgical, drugs, housekeeping, stationery and printing) is charged if the goods have been delivered to the central storeroom. Requisitions for each division of supplies, distinguished by different colours, are recapitulated by quantity monthly (by the administrator or accountant) and the totals are priced and extended.

The total dollar value for each division of goods issued during the month (or accounting period) is posted as a credit to the inventory control account and will be a valid cost figure representing actual consumption of supplies or the true expense. If the superintendent prepares the monthly recapitulation, an excellent check will be made, automatically, on ward or department heads. Thus the monthly consumption by similar wards or departments may be compared with each other or with their own previous consumption; and discrepancies will be indicated.

This method, which eliminates prolific entries in the subsidiary perpetual inventory ledger, may be carried out in a few hours every month. The expense figures thus derived will be just

(Concluded on page 100)

RECAPITULATION OF DIETARY Issues for the Month of JANUARY 195Z

RECAPITULATION OF MEDICAL AND SURGICAL Issues for the Month of JANUARY 195Z

ITEM	ISSUES TO FIRST FLOOR	ISSUES TO SECOND FLOOR	ISSUES TO C. S. R.	TOTAL ISSUES	UNIT COST	TOTAL COST
Adhesive Tape 1"	1 tin	2 tins	2 tins	5 tins	3.00	15.00
Adhesive Tape 2"	2 tins	2 tins	3 tins	7 tins	5.95	41.65

PURCHASE ORDER No. 2727

FROM: HUMBER MEMORIAL HOSPITAL 350 CHUR

TO:

PLEASE FURNISH THE MATERIAL SPECIFIED

RECEIVER'S COPY

Quantity Received	Date	Quantity Received	Date	QUANTITY

Receiver to enter quantity received opposite each item. Sign Here.

RECEIVER

Humber Memorial Hospital
INTERNAL REQUISITION
For
MEDICAL & SURGICAL SUPPLIES
(OTHER THAN DRUGS)

To

Humber Memorial Hospital
INTERNAL DRUG REQUISITION
(USE FOR DRUGS ONLY)

HUMBER MEMORIAL HOSPITAL
INTERNAL REQUISITION
DIETARY

DATE

To

PLEASE SUPPLY WITH
THE FOLLOWING:

QUANTITY DELIVERED	QUANTITY ORDERED	DESCRIPTION

ISSUED REQUESTED BY

RECEIVED APPROVED

Bandage	1"	10 Rolls	7 Rolls
Bandage	2"	10 Rolls	10 Rolls
Bandage	3"	7 Rolls	8 Rolls

Dr. Medical and Surgical Expense $ 642.50

Cr. Inventory - Medical and Surgical $ 642.50

St. Joseph's Hospital, Guelph, Ontario.

Adds New Wing, Renovates Existing Building

Sister M. St. Paul,
Superintendent,
St. Joseph's Hospital,
Guelph, Ont.

LATE last summer, a modern, cream-coloured brick building was officially opened in Guelph, Ont. — the handsome new wing of St. Joseph's hospital. In 1861, when this hospital was founded, it had beds and facilities to care for 16 patients. Through the years, improvements were made and additions built until bed capacity increased to 89. Then, in 1949, construction started on the new wing and now, with its completion, St. Joseph's Hospital is well-equipped to care for 153 patients.

While this construction did not make new services available, it did enable all services to be enlarged, re-equipped, and modernly designed. Much of the space made available by the evacuation of old services has been reconstructed and utilized for bed accommodation. Thus the old dietary department has been reconverted into store rooms. Operating rooms have been extended and a new pathological department has been reconstructed where x-ray had been located previously. In this manner, certain services are centralized on the second floor — x-ray, physiotherapy, and pharmacy in the new wing and the operating room, laboratory, and central supply in the old. The reconstructed basement in the old building has a new morgue and modernly equipped autopsy room. To provide for any future expansion, a large new heating plant has been constructed and installed.

Departments in New Wing

Just off the main rotunda is the administrative department, complete with board room, and general offices. On this floor also are the admitting room with miniature chest x-ray, historian's office, record room, and doctors' library with adjoining lounge.

The new x-ray department on the second floor has two radiographic rooms with adjoining dressing rooms; a new physiotherapy room equipped to care for four patients; a cystoscopic room; fracture room with piped-in oxygen, view box, wall suction, orthopaedic table, and a special non-conductive floor. An adjacent splint room completes this suite.

The new central supply has modern equipment including a pressure rectangular sterilizer, and a reflux still. The up-to-date pharmacy and drug storage room take care of all drugs necessary for patients. An electric dumbwaiter conveys drugs quickly in emergency calls.

The third floor is set aside entirely for obstetrical cases. It has germicidal lights in the case rooms, an emergency signal sys-

The handsome rotunda with oak panelling and terrazzo floor of striking design.

tem, and wall suction. There are two case rooms, two labour rooms, and an admitting room with shower. These form a separate unit and have the required sterilization facilities. Nurseries have individual cubicles and germicidal lights. Oxygen is piped into the premature and suspect nurseries.

On the fourth floor, the enlarged paediatric department contains an admitting room, treatment room with wall suction and piped oxygen. There is also a sunporch and a playroom. Glass partitions throughout this department enable the nurse to have constant observation of all rooms at once and thus close supervision can be maintained.

Surgical patients are accommodated on the fifth floor. From here, there is a view of the city and surrounding district that is unique and restful.

A new modern kitchen is in the basement. It provides a central tray service and contains a formula room, special diet kitchen, salad preparation, bake rooms, a dishwashing machine, and new ovens. A complete refrigeration system has been installed including individual units for meats, dairy products, and vegetables, with adjoining preparation rooms. There is also a garbage refrigerator and cleaning room.

At the entrance of the new wing, plate glass doors open into the rotunda where beautifully designed terrazzo floors and grained oak panelled walls reflect the dignity and simplicity of the exterior. Patients' rooms are finished in pastel shades with

(Concluded on page 112)

A glimpse of a gaily decorated patients' room

Training the Nursing Assistant

Betty-mae Davidson, Reg.N.
Inspector of Nursing Schools, Department of Health of Ontario, Toronto, Ont.

PERHAPS one might begin a discusison of this topic by explaining just what is meant by a nursing assistant. With the aid of the Registered Nurses' Association of Ontario, the Ontario Department of Health conducts a nine months' course to prepare young women to give good bedside care, in institutitons or homes, to patients who are convalescent, chronically ill or non-acutely ill. At all times, the assistant works under the direction of the physician or registered professional nurse and would be prepared to give household assistance if necessary. May I emphasize that this worker is intended to supplement the registered nurse, not replace her. On many occasions the registered nurse and the nursing assistant will work side by side in a co-operative plan of care for patients.

The program was instituted and has been maintained to provide trained reliable service to the hospitals and communities of Ontario. Not only does this worker assist by relieving the shortage of nursing personnel in many hospitals, but she also releases the existing registered nursing staff for nursing duties which require more preparation and skill. The presence of capable, skilled hands at all levels in nursing care situations is, as you are aware, quite definitely a protection to the patient. Suppose we assume that you are a patient in hospital being allowed up for the first time. Would you not be much more at ease if you knew that the person assisting you was adept at supporting you, alert to your needs, and aware of the import of this, your big venture?

This program is important in another respect. The girl who has successfully completed this nine months' training has an established status in the nursing field. Once she has passed the examination set by the Department she is elegible, on payment of fee, to become registered with the province and thereby obtain the right to call herself a certified nursing assistant. She receives a card which can be easily carried with her at all times and which proves her identity as a certified nursing assistant.

Three provincially-sponsored schools for training nursing assistants are in operation — in Fort William, Toronto, and Kingston. Two other centres are approved by the Department, namely, Prince Edward County Hospital, Picton, and St. Vincent de Paul Hospital, Brockville.

The instructors in every centre are well-qualified, sympathetic, professional nurses, sensitive to the differences in age, ability, and backgrounds of students in their classes, and well able to deal with problems arising, be they scholastic, financial, or social in nature. The curriculum followed is the one suggested by the Registered Nurses' Association of Ontario when the program was inaugurated in 1946 and the value of which had been established through a demonstration school 3 or 4 years earlier. It is a basic program of instruction in which the duties taught are simple and well-defined.

You may be wondering what terms of admission apply to this course. Requirements set down in The Nurses Act by which this training is governed, state that the applicant must

(a) have proof of Grade VIII education or its equivalent.

(b) be between the ages of 18 and 40.

(c) present a medical certificate of good health.

(d) present letters of reference, and

(e) have an interest in nursing.

Each class of nursing assistants has a diversity of interests and backgrounds. Many of our trainees are of the minimum age group and just as many are of the older age range. Many reasons influence them in applying for this training. There is the person who has been working in hospital for some time and now wishes to avail herself of the opportunity of becoming a trained person with a status in the community and the right to earn a higher salary than the so-called untrained person. Then, too, I am sure that you all know of individuals who have always had the desire to enter nursing but have had to forego the regular nurses' training because of the length of that program, expenses involved, or because they were unable to complete their education. To these the nursing assistants course is an answer to a dream for they can now fit themselves for steady employment as well as share in the satisfactions that make nursing the gratifying profession it is.

In selecting applicants, health, genuine interest, aptitude for nursing, pleasing personality and appearance are given careful consideration.

The certified nursing assistant is indeed an asset to a hospital and the community it serves. Her training means that the institution is employing a standard type of worker, whose preparation is well known. More satisfactory patient care is guaranteed, for nursing time is carefully used through proper delegation of duties. I may say that reports from hospitals wherever the certified nursing assistants are employed are most gratifying.

The public is becoming more informed of the classification of hos-

(Concluded on page 108)

An address presented at the women's hospital auxiliaries section of the Ontario Hospital Association convention, Toronto, Oct., 1951.

Guardians of the Nation's Health

Part II

Gordon H. Hatcher, M.D., D.P.H.,
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WITH cardio-vascular diseases, accidents, violence and cancer replacing communicable diseases as the principal causes of death, provincial governments are now turning their attention from preventive services to medical care both in institutions and outside of them. Provincial health departments already have a long tradition of responsibility for the institutional care of the sick.

Mental Hospitals

Practically all mental hospitals in Canada are owned and operated by the provincial governments. In nearly all provinces they are administered directly by the provincial health departments. Some conception of the magnitude of this task is obtained when we consider that in 1947 there were nearly as many mental hospital beds as general hospital beds in Canada[5*]. In some provinces the mental or psychiatric hospitals division, despite a shortage of personnel, has almost as many employees as all the other divisions of the provincial health department put together. In every province some provision is made for special facilities for the mentally defective, for narcotic addicts and alcoholics, and for patients who stand to benefit from active treatment.

Standards of care in provincial mental hospitals are generally high but most would benefit from more adequate budgets and staff. Through out-patient departments, and through staffing of psychiatric wards in general hospitals and in community mental hygiene clinics, the provincial mental health services are broadening in scope. Research into the possible prevention of mental illness, and treatment of minor personality disorders and behaviour problems not requiring hospitalization, are assuming their proper place in public health programs.

*Numbers refer to bibliography on page 88.

Sanatoria

Sanatoria for tuberculosis are owned and operated directly by the provincial government in many provinces. In others they are usually under the management of voluntary agencies, with most of their costs met from provincial sources. In addition, in most provinces a tuberculosis division in the provincial health department takes the responsibility for planning an over-all program of preventive and treatment services for the province as a whole. This is effected by province-wide programs of mass radiography and tuberculosis testing for diagnostic purposes, by the follow-up of cases and contacts by local public health nurses, by the establishment of pneumothorax refill centres and special arrangements throughout the province for after-care and rehabilitation of the patient and financial support for his family, in addition to the provision of sanatorium facilities. A complete range of services is not yet perfected in all provinces. It is hoped that the federal health grant program commenced in 1948 will help achieve this objective. This over-all program is carried out by co-operation between provincial health departments, voluntary agencies, and local health departments and welfare services, according to a pattern that varies from province to province.

General Hospitals

Most general hospitals in Canada are owned and operated by voluntary boards or municipal governments rather than by the provincial health departments. There are, however, notable exceptions such as the Victoria General Hospital in Halifax and the chain of cottage hospitals in Newfoundland, including the St. John's General Hospital. Nearly all general hospitals under provincial jurisdiction are, however, "public" general hospitals in the sense that they are open to the general public, including the indigent. When one considers the development of dual public and voluntary hospital systems in most other English-speaking countries, the unitary nature of the Canadian public hospital system is a feature of which the Canadian provinces can be proud.

The original, and in many provinces, still the principal responsibility of the provincial health department with respect to general hospitals is their licensing and inspection under a provincial "Public Hospitals" or "Hospitals" Act. This inspection may be minimal and limited largely to the periodic submission of statutory reports or it may be more extensive including the provision by the provincial health department of hospital administrators, accountants, druggists and other specialists to assist the individual hospitals in attaining desirable standards of service. Licensing and inspection is accompanied by provincial grants for operating expenses that vary from less than a dollar to a few dollars per patient day of care given by the hospital. The basis on which the grant is made varies from province to province, in some cases consisting of lump sums, in other cases being based on the number of public ward beds available and the special facilities provided in the hospital. The provision of these grants has entailed a certain degree of uniformity in hospital accounting

which the provincial health department has required in order to enable it to apportion its grants equitably among hospitals.

A second type of grant for operating expenses was originally made under most provincial legislation on behalf of indigent patients in general hospitals. On behalf of each indigent, the municipality was required to pay to the public general hospital a per diem rate set by the province. This statutory grant was in addition to lump sum contributions frequently made on a less formal basis to individual hospitals by provincial or municipal governments at their discretion. In some provinces, the above grants for operating expenses did not always meet the total costs of care for indigent patients, leaving the balance to be obtained by the hospital from voluntary contributions or municipal taxation, depending on whether it was a voluntary or a municipal hospital.

More recently the provincial governments have been asuming greater responsibility for general hospitals' capital expenses. The degree of assistance varies from province to province. Under stimulus of the 1948 federal health survey grant, many provinces have completed plans for the development and extension of an integrated general hospital service for the province as a whole. Subject to the recommendations of these planning reports, some provinces (in addition to the federal grant of $1,000 per bed) provide a large part of the additional cost of capital construction, including in some cases necessary equipment and furnishings. Some provinces have an equalization formula for such assistance which takes into account the financial resources of the local community.

In six of the Canadian provinces these grants, together with licensing and supervision, represent the degree to which provincial governments, usually through a hospital division of their health department, have accepted responsibility for the provision of general hospital care. The other four provinces have gone farther towards relieving municipalities and voluntary hospital boards of financial responsibilities in this regard.

Saskatchewan and British Columbia have developed province-wide hospitalization insurance programs which now provide most of the revenues of general hospitals. With somewhat different traditions and problems, Newfoundland has a much older program of health insurance (including hospitalization) for about one-third of its population, and this has included the building and operation of most general hospitals by the provincial health department.

In Alberta, a large proportion of hospital revenue is also derived from a hospitalization insurance program, or rather a number of them, operated by local municipalities. Here the method, by which local municipalities on the Prairies for over thirty years have formed unions for the construction and operation of general hospitals, has been extended to include the provision of hospitalization insurance. This has been made possible by financial assistance and permissive legislation administered by the provincial health department. The local resident contributes to his municipal hospital plan either through local taxation or, if he is not a property holder, through the payment of an annual premium. This is quite separate from the Alberta Maternity Hospitalization program under which the cost of ten days maternity hospitalization for any provincial resident is paid to the hospital concerned by the provincial Health Department.

Medical Treatment Services for Special Groups

Apart from institutional care, provincial governments have a long tradition of responsibility for the provision of medical treatment of special groups in the community, notably the indigent and injured workman.

With respect to the indigent, the early provincial public health acts in most provinces and the older poor laws in the Maritimes laid this responsibility on the local municipality. This was discharged up until the depression of the 1930's in large measure through the generosity of private physicians, through hospital outpatient departments in the large cities, and through special part-time physicians paid by the local municipalities. During the depression, and since, this responsibility, in increasing measure, has been assumed directly by the provincial governments.

Five provinces now provide some degree of medical care for certain categories of indigents both in their homes and in doctors' offices. Old age pensioners and mother's allowance recipients usually make up the bulk of the group thus entitled to care. There is free choice of physician by the patient and payment of the physician by a pro-rated, fee-for-service method. In four of the five provinces, the provincial government pays to the Provincial Medical Association a per capita sum for each indigent person entitled to such benefit, and they administer the payment. In Saskatchewan, where the program is most comprehensive, it is operated directly by a division of the provincial health department. Benefits include not only hospitalization and the payment for physician's services in home, office and hospital, but also dental care, 80 per cent of the cost of prescribed drugs, physiotherapy,

(Continued on page 80)

Bureau d'Administration { Sa Formation / Son Rôle / Son Autorité

Partie II

Fernand Hébert, M.D.,
Directeur Médical,
L'Hôpital du Sacré-Coeur,
Cartierville, P.Q.

LES membres du bureau d'administration doivent être choisis avec grand soin car lui depend l'avenir, l'avancement de l'hôpital. Il est le pouvoir législatif. Le bureau doit formuler des lois, dicter des règlements pour que tout marche bien à l'hôpital, pour qu'il y ait entente entre tous les membres du personnel et que tous soient animés d'un esprit de parfaite collaboration. Surtout, ils ne doivent jamais perdre de vue l'idéal de l'hôpital: procurer au patient les meilleurs soins possibles, le plus rapidement possible, et à meilleurs compte possible.

Tout d'abord, le bureau d'administration doit établir un budget solide, clair et précis par lequel il attribuera, annuellement, à chaque département les sommes d'argent nécessaires à son bon fonctionnement. Il y aura des erreurs de prévision budgétaire, c'est possible, même inévitable. Au cours de l'année, des rajustements s'opéront et l'équilibre devra se maintenir. Pour répondre au besoin d'argent, le bureau d'administration doit trouver les fonds nécessaires:

1. Dans les prix de chambre, de manière cependant, à ne pas les rendre inaccessibles;

2. Par des ententes, des démarches auprès des corps publics, des assurances, des sociétés d'hospitalisation, pour que ceux-ci payent intégralment le coût d'hospitalisation des malades à leur charge.

Il est du devoir de l'administration d'établir des statuts et règlements pour chaque groupe du personnel, afin que, chaque fois, qu'un nouveau membre entre en fonction, il sache exactement quels sont ces droits, mais surtout, quels sont ces devoirs. De nos jours, plusieurs bureaux d'administration se voient dans l'obligation d'accepter des statuts et règlements dictés par des groupements ouvriers ou professionels.

Evidement, l'hôpital doit, pour se procurer le personnel adéquat offrir des conditions de vie, de travail, comparables à l'industrie et au commerce, mais il doit être aussi en mesure de défendre des positions jugées dignes et raisonnables.

Or, l'étude et la revision de ces statuts s'imposent plus fréquemment qu'on ne le s'imagine, et cette tâche apparient au bureau d'administration.

Il y aurait avantage pour eux, de faire connaître à tout le monde, au public en général, mais surtout au personnel, la vie, les problèmes de l'hôpital moderne. La presse, la radio, les tracts, les conférences, les circulaires périodiques rendraient à l'hôpital les mêmes services qu'ils rendent à toute autre organisation. Une saine et honnête propagande aurait d'heureux effets.

On croit partout que l'hôpital réalise des bénéfices extraordinaires. Combien de fois, le public et même les gouvernements se convaincraient-ils du contraire. Et combien de problèmes s'ils étaient connus du public attireraient sa sympathie au lieu de sa critique.

Le bureau d'administration doit favoriser le progrès scientifique dans tous les domaines en procurant à tous l'instrumentation matérielle souvent renouvelée; en aidant par tous les moyens, même financièrement, la recherche scientifique, la participation au congrès scientifiques, et l'établissement de bibliothèques pour chaque groupe de travailleurs. Et, nous ne voulons pas dire exclusivement les médecins mais aussi les infirmières, aides-malades, et techniciennes parce que nous savons trop l'importance des soins para-médicaux dans le succès de l'acte médical proprement dit: l'administration doit voir au choix du personnel, du moins des têtes dirigeantes, et tout particulièrement du personnel médical.

De plus en plus, il semble accepté que l'hôpital soit responsable des actes qui s'y pratiquent. Il n'y a pas de législation établie à ce sujet, mais dans tous les cas de cour, toujours l'hôpital est impliqué. Si donc, l'hôpital a une telle responsabilité, il a l'obligation et le devoir de bien choisir son personnel.

Et le plus important membre de son personnel que le bureau d'administration aura à choisir, c'est l'administrateur ou surintendant ou le directeur général. Nous avons dit plus haut que le bureau d'administration avait surtout un pouvoir législatif, le pouvoir exécutif est confié à l'administrateur, dans toutes les questions de la routine journalière. Il est donc du devoir, devoir primordial de l'hôpital de se choisir un surintendant compétent, qui en plus de surveiller et de diriger les activités de l'hôpital dans tous ses départements,sera pour les membres du bureau d'administration, un conseilleur de toute première importance. Enfin, l'administration par ses différents statuts et règlements doit clairement établir la hierarchie du personnel de l'hôpital et les lois qui doivent la canaliser.

L'hôpital moderne où souvent le budget s'etablit à quelques millions où le personnel se chiffre

(suite en page 92)

Une adresse presentée au congrès de l'American College of Surgeons, février, 1952, Québec, P.Q.

Food and Its Service

Sponsored by The Canadian Dietetic Association

High Protein Diets at Low Cost

INCREASING emphasis has been placed on the protein content of patients' diets during the past ten years and adequacy of protein intake now quite rightly receives consideration equal to that of other food factors such as the vitamins and minerals. Modern investigation of patients has shown how frequently protein depletion occurs and it is a point to be considered in every wasting illness. In some special situations, such as portal cirrhosis, the need for a high protein diet over a long period of time is now well known.

In recent years the cost of these diets has risen so much that patients often cannot follow dietary instructions after they leave hospital. The good effects of hospital treatment may be lost, or convalescence unduly prolonged. It has become increasingly apparent to those working with middle- or low-income groups that medically sound advice is not being followed because of economic factors.

The expense of a high protein diet as it is usually prescribed is due to the use of meat as a source for the greater part of the protein. Some dairy products provide a cheaper source of first class protein and vegetables and cereals are even less expensive. If the two are combined appropriately, profitable use will be made of the plant protein and there seems no reason why a much greater use cannot be made of it.

The tables show sample menus which have been drawn up with these ideas in mind. For 72 to 75 cents, a high protein intake can be provided with only one meat dish during the day. With cheaper meats the daily cost will be a little less and, for those who can afford somewhat more, a meat dish can be used at the evening meal. Diet instructions such as these will make a patient's co-operation possible and improve treatment.

In those conditions where a very high intake of lipotropes is desired, these diets will be deficient. Supplements from relatively cheap sources such as brewers' yeast will make up for this lack very economically.

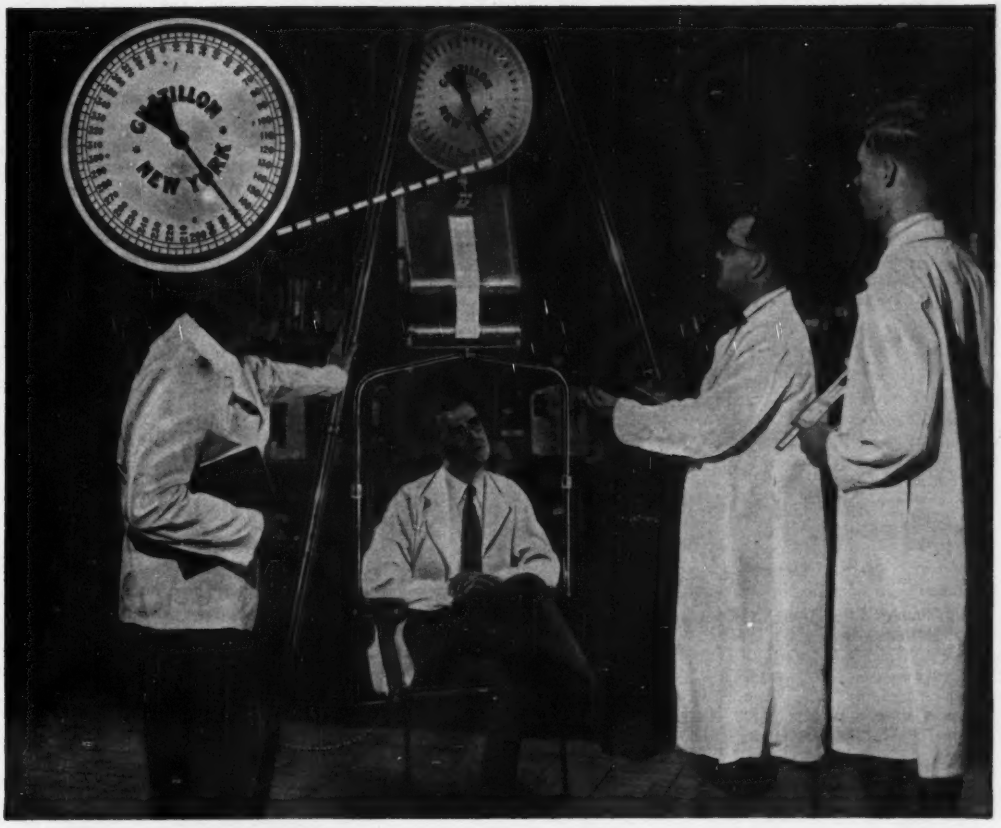
Sample Menus

Diet No. 1

	Protein grams	Calories	Cost
Breakfast			
1 Orange	.9	50	.025
¾ cup Cream of Wheat	3.5	108	.009
1 egg	6.4	79	.040
2 slices toast	4.0	134	.016
1 tbsp. margarine	.08	95	.012
8 ounces skim milk	8.4	86	.037
1 tbsp. brown sugar		42	.004
	23.28	594	.143
Dinner			
1 large serving pork liver (3 ounces)	19.7	129	.080
1 baked potato	3.0	129	.020
½ cup navy beans & tomato	6.6	105	.040
1 slice bread	2.0	67	.008
1 tbsp. margarine	.04	48	.004
8 ounces skim milk	8.4	86	.037
½ cup chocolate Blanc Mange	4.4	235	.040
	44.14	799	.229
Supper			
¾ cup split pea soup	7.8	179	.040
Sandwich—2 tbsp. peanut butter	8.8	190	.025
—2 slices bread	4.0	134	.016
—1 tbsp. margarine	.04	48	.012
Side salad—3 tbsp. cottage cheese	17.4	90	.028
—lettuce	.1	2	.022
8 ounces skim milk	8.4	86	.037
1 serving preserved plums	.4	84	.048
	46.94	813	.228
Night Nourishment			
8 ounces skim milk	8.4	86	.037
¼ cup skim milk powder	9.0	89	.075
2 tbsp. chocolate syrup	.3	97	.010
	17.7	272	.122
Total	132.06	2478	.722

(See Diet No. 2 on page 50)

This article was contributed by Dr. G. Malcolm Brown and Florence M. Silverlock, director of dietetics, Kingston General Hospital, Kingston, Ont.



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U. of T. Setting for Institute on Hospital Pharmacy

Commencing June 23rd, a 5-day institute on hospital pharmacy will be held on the University of Toronto campus, Toronto, Ont. The institute will be conducted jointly by the American Hospital Association, the American Pharmaceutical Association, and the American Society of Hospital Pharmacists; and is sponsored by the Canadian Hospital Council and the Canadian Society of Hospital Pharmacists.

A tentative program has been drawn up and the following topics will receive emphasis. The relationship of the pharmacy to the over-all hospital organization will be given considerable attention. This section will include addresses on hospital administration and responsibilities of pharmacy service; developments in nursing service and education which require changes and improvements in pharmacy; elements of purchasing in the hospital as it pertains to the pharmacy department; hospital accounting and considerations of pharmacy department operation; and the basic objectives of hospital pharmacy practice. Each address will be followed by a discussion period.

Workshop Sessions

Problems affecting the hospital pharmacy will be aired in workshops arranged in interesting and stimulating fashion. Registrants will be divided into groups according to their particular interest and each group will be assigned specific topics. After arriving at conclusions and recommendations, each group will compile a list of questions dealing with their topic for submission to all registrants at a later session. The Phillips 66 method is to be used in compiling questions and it will be explained and demonstrated prior to the workshops.

The workshops will deal with the following: pharmacy problems in small hospitals and in government hospitals; charges for drugs; the desirability of exhibits by pharmaceutical companies in hospitals; the therapeutics committee and the hospital formulary; techniques in handling requests to administrators; and the relationship between pharmacy and central supply.

Other topics of general interest will be dealt with in addresses and discussion periods. These include: problems of pharmacy design; equipment and layouts for small volume manufacture of pharmaceuticals; newer compounding aids; organization and operation of pharmacy outpatient services; new anaesthetic agents and allied drugs; sterilization of pharmaceuticals, and techniques in the preparation of parenteral solutions.

To round out the busy schedule, there will be various social activities including a reception and institute dinner.

Registration fee for the institute is $35 and room and board is $20. Living accommodation will be provided at Whitney Hall on the university campus and sessions will be held in Hart House situated nearby. Arrangements have been made with a restaurant for registrants to be served breakfast and lunch in a reserved dining room.●

←

Diet No. 2

	Protein grams	Calories	Cost
Breakfast			
½ cup Tomato Juice	1.0	23	.023
¾ cup Rolled Oats	5.3	120	.006
1 egg	6.4	79	.04
2 slices toast	4.0	134	.016
1 tbsp. margarine	.08	95	.012
8 ounces skim milk	8.4	86	.037
1 tbsp. Brown Sugar		42	.004
	25.18	579	.138
Dinner			
1 large serving lean roast pork — 3 ounces	29.7	169	.128
1 medium potato	3.0	129	.020
⅔ cup cooked cabbage	1.4	29	.020
1 slice bread	2.0	67	.008
1 tsp. margarine	.04	48	.004
⅝ cup baked custard	8.2	185	.050
8 ounces skim milk	8.4	86	.037
	52.74	713	.267
Supper			
½ cup bean soup	9.2	216	.030
¼ pound cooked macaroni and cheese	8.7	245	.060
⅔ cup spinach side salad	2.3	28	.030
1 tsp. mayonnaise	.1	50	.002
1 slice bread	2.0	67	.008
1 tsp. margarine	.04	48	.004
2 halves canned peaches	.40	75	.051
8 ounces skim milk	8.4	86	.037
	31.14	815	.222
Night Nourishment			
8 ounces skim milk	8.4	86	.037
¼ cup skim milk powder	9.0	89	.075
2 tbsp. chocolate syrup	.3	97	.010
	17.7	272	.122
Total	126.76	2379	.749

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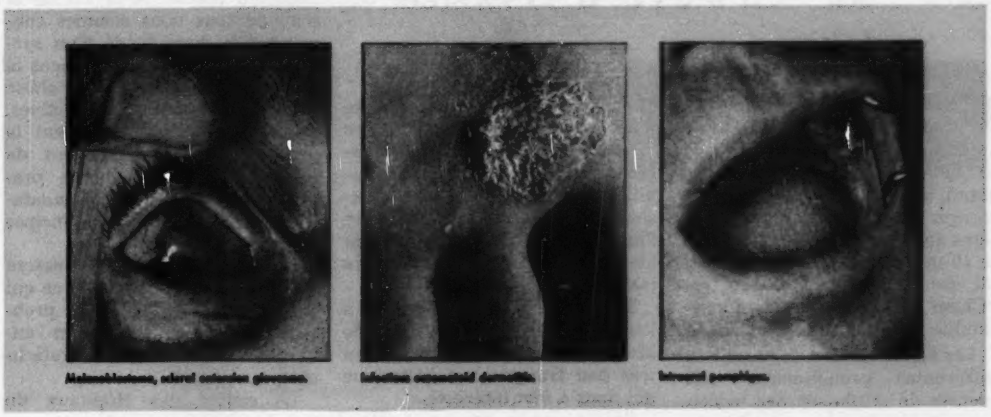

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Quinze Jours de Cours sur "CHAM" à Montréal

UN cordial sourire et des mots bienveillants du président du comité des hôpitaux du Québec, le Révérend Père Hector Bertrand, jésuite, acceuillent à l'auditorium du pavilion des infirmières de l'Hôtel-Dieu de Montréal, le 10 mars, les 140 élèves inscrits au cours de comptabilité sur "Cham" — le manuel de Comptabilité des Hôpitaux du Canada.

Les élèves inscrits représent les différentes communautés religieuses de la plupart des institutions de la Province de Québec. Une maison de l'Ontario-Nord et quelques maisons d'au-delà des frontières y figurent. A ce groupe imposant de religieuses se joignent deux religieux hospitaliers et quelques comptables laics des maisons hospitalières de la région métropolitaine.

Après une mise au point sur la teneur du manuel de comptabilité devant servir de base aux discussions pendant les quinze jours de cours, le Révérend Père Président introduit le représentant officiel du "Canadian Hospital Council," notre ami Monsieur Murray Ross, qui doit faire l'historique de la préparation du manuel actuellement proposé aux institutions hospitalières.

Paul-Emile Olivier

Tous nous sommes d'accord à louanger l'effort manifique de Monsieur Ross pour faire, en un très bon français, cet historique qui nous a fort intéressé.

Ensuite nous traçons brièvement la marche des cours qui s'ouvrent. Une considération toute particulière est donnée à la nécessité et à l'avantage marquant d'une comptabilité uniforme dans toutes les institutions hospitalières du Canada. Le rapprochement se fait ensuite entre le système comptable préconisé par le manuel de comptabilité et le rapport de statistiques exigé par l'office fédéral de la statistique.

Il est, dès lors, décidé que nous, de la Province de Québec, nous devons faire, immédiatement, quelque chose pour améliorer notre service comptable, afin, d'abord d'en retirer des avantages personnels et, par la même occasion, de faciliter la préparation des rapports exigés.

La première semaine de cours est consacrée à l'étude de la première partie du manuel: principes comptables en usage dans les institutions hospitalières. Dans un esprit de collaboration totale, élèves et professeur réussissent à étudier à fond, à discuter en détails et à soumettre des problèmes pratiques sur les trois premiers chapitres du manuel.

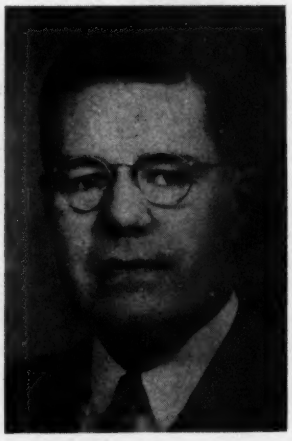
Le vendredi, Monsieur Lucien Hébert, de Sherbrooke, vient entretenir les élèves des rapports exigés par l'Office fédéral de la statistique.

Le lundi, 17, nous reprenons les cours pour étudier la deuxième partie du manuel traitant des méthodes et procédés devant aider à maintenir le système comptable démontré dans la première partie. A la fin de la semaine tous nous sommes convaincus du bien fondé d'un système uniforme et nous prenons la résolution de faire quelque chose dans nos institutions respectives. Des forums animés jalonnent la session et nous permettent de solutionner des problèmes pratiques et d'interpréter avantageusement tous les principes énoncés.

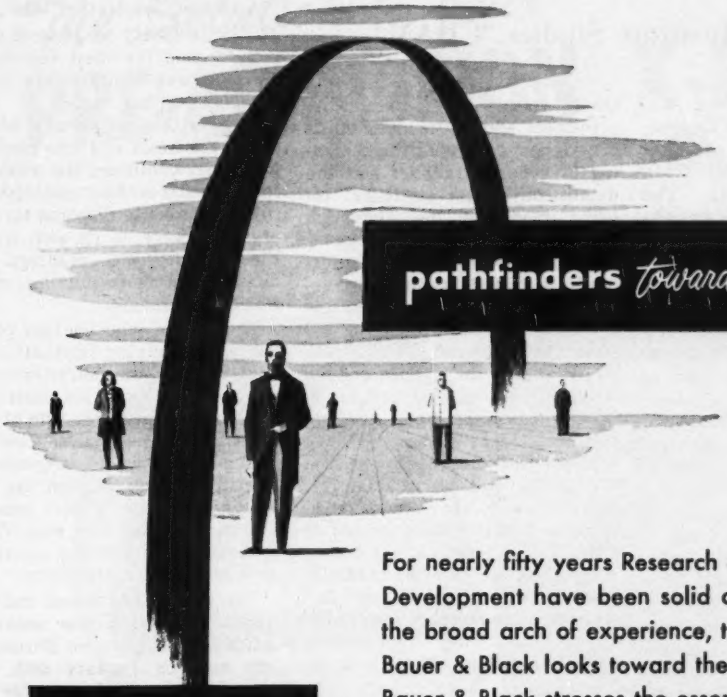
Le dernier jour est consacré totalement à la revision de ce qui a été énoncé et à l'étude de problèmes pratiques. L'intérêt et l'enthousiasme général ne se relâchent pas.

Le comité des Hôpitaux du Québec et son dynamique président, le Révérend Père Hector Bertrand, peuvent se glorifier d'être la première association hospitalière du pays à avoir donné à ses membres les avantages d'une étude collective d'un manuel qui a été uniquement fait pour eux, comme ils pourront, certes aussi, se glorifier des résultats pratiques qu'ils obtiendront.

—Paul-Emile Olivier.



Lucien Hébert



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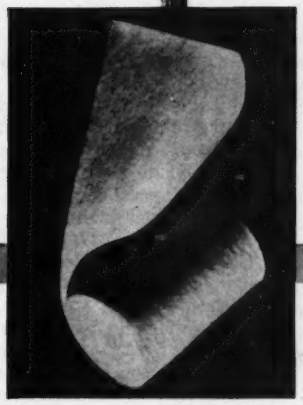

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RESEARCH TO IMPROVE TECHNIQUE . . . REDUCE COST

Accounting Institute Studies "CHAM"

Under the auspices of the Comité des Hôpitaux du Québec, a 2-week institute on hospital accounting was held in Montreal, commencing March 10th. The course was conducted in the spacious nurses' auditorium of the Hôtel Dieu de Montréal and was under the chairmanship of the Comité's dynamic president, Father Hector L. Bertrand.

There were some 140 registrants, representing the various religious orders operating hospitals in the province of Quebec as well as neighbouring areas of Northern Ontario, New Brunswick, and the United States.

The purpose of the institute was to study, in detail, parts I and II of the Canadian Hospital Accounting Manual — CHAM. The Canadian Hospital Council, responsible for compiling the manual, was represented at the opening of the institute by Murray W. Ross, Associate Secretary. He reviewed the history of events leading up to the compilation of CHAM and outlined the advantages of standardized accounting for individual hospitals.

The faculty for the institute was composed of 2 men, well versed in accounting procedures and in CHAM — Paul-Emile Olivier of Lac Etchemin and Lucien Hébert of Sherbrooke. Both are members of the Committee on Accounting and Statistics of the Canadian Hospital Council and consultants for the French edition of CHAM. Mr. Olivier dealt with accounting principles and procedures while Mr. Hébert examined the recording of general statistics and the details of annual statistical returns made to the Dominion Bureau of Statistics.

Sessions were conducted informally and students and instructors alike entered freely into discussions of technical points and practical problems. The Comité des Hôpitaux du Québec and its president, Father Bertrand, are to be congratulated upon the enthusiasm which they have aroused for improved hospital accounting and for standardization through the adoption of recommendations incorporated in CHAM. The length of the course was adequate for a carefully planned and detailed study and those in attendance, as well as the hospitals they represented, should find their efforts well rewarded.

Other Courses

This course will be followed on June 4-6 by a similar Institute sponsored by the Montreal Hospital Council, to be held at McGill University. Lectures will be given in English. Primary purpose of the program is to study and discuss Part I of the Canadian Hospital Accounting Manual. Announcements of the Institute are being mailed to hospitals in Quebec, Ontario, and the Maritimes. Other Institutes to review CHAM are in the planning stage. —*M. W. R.* ●

Heart Defibrillated by Shock

A small electrical device built for the research laboratories early in 1950 made it posible for surgeons at The Presbyterian Hospital, Chicago, Ill., to restore normal heart action in a patient 1¾ hours after her pulse and respiration stopped. Heart massage augmented the feeble and unco-ordinated muscle contraction known as fibrillation; the electrical device then defibrillated the heart by shock.

The patient was Darline Timke, a senior in the hospital's school of nursing. She had entered the hospital for minor nose surgery on December 12th, 1951. Extreme sensitivity to the local anaethetic is believed to have caused heart arrest during the pre-operative preparation.

Artificial respiration was begun immediately. A general surgeon opened the chest and heart massage was begun, with three surgeons taking turns at the strenuous task of forcing blood out of the heart and into circulation. They continued the massage for 1¾ hours without establishing sufficient muscle response for the organ to carry on its own work. Electrocardiograph readings indicated the heart muscles were fibrillating.

The doctor, who for two years has been studying fibrillation in dogs, brought the defibrillator to the operating table. Its electrodes were placed on either side of the heart, then he threw the switch to send 110 volts, 1½ amperes of electric current through the patient's heart for a half second. The heart jerked to a stop. Then it began a strong normal co-ordinated pattern of contractions.

The wound was closed and the patient's recovery was uneventful. She went home on Christmas eve and, on January 28th, returned to the school to resume her hospital duties.

In principle and appearance the device is simple. Electric shock contracts the muscles simultaneously, releases them simultaneously, and thereby prompts them in establishing a normal pattern of co-ordinated contractions. The 6 x 6 x 6 inch stainless steel box contains an isolation transformer (1:1) with an enclosed mercury switch and an ammeter. Two electrodes extend from the right side, a dial and two lights ornament its face, and a carrying handle on top makes it easy to move. Its long extension cord can be plugged into any AC outlet. In cost it represents about $32.50 worth of materials.

The idea is not a new one. Several cases of defibrillation by electrical shock have been reported in medical journals. But this was the first human application of the defibrillator at The Presbyterian Hospital and was the first successful human application in Chicago. *From the "Bulletin" of The Presbyterian Hospital, Chicago, Ill., January, 1952.*

Another Concept of Post-Natal Perineal Care

F. M. Donohue, Reg. N.,
Supervisor,
Central Sterile Supply,

P. C. Statia,
Chief Pharmacist,
Kitchener-Waterloo Hospital,
Kitchener, Ont.

FOR some time the nursing staff of this institution has expressed concern and dissatisfaction regarding the time-honoured routine of perineal care of the post-natal patient. The routine previously carried out here, as in many other hospitals, consisted of the use of a 2 per cent cresol-with-soap solution from a pitcher, bulk-sterilized perineal pads, and forceps immersed in a cold germicidal solution. Since this technique obviously leaves something to be desired as a safe procedure, it was decided to try the technique outlined briefly below. This new technique has been in use in our hospital for slightly over a year now and meets with the full approval of all persons concerned, including of course the chief in gynaecology and obstetrics.

The central sterile supply department prepares and issues, in individual sterile bundles for each patient, the following materials:

1 small towel,
1 curved stainless steel allis forcep,
1 perineal pad,
5 large cotton balls.

These bundles are cloth-wrapped, the wrapper serving as a sterile field for the materials when opened. Separately wrapped sterile perineal pads are available for those patients requiring more than the one contained in the original bundle.

The sterile bundle is sent for each patient and a completely new and sterile bundle for each and every subsequent time the vulva and perineal region is cleansed and pads changed. Thus each patient receives four to eight sterile bundles each day. A Fenwal tray is taken to the patient's bedside with a 500 c.c. flask of sterile physiological saline, 4.3 gms. sodium chloride in 500 c.c. water. The sterile solution is stocked on the ward in Fenwal warming cabinets and is, therefore, immediately ready for use when needed, at the temperature desired by the nurse. Thus the nurse has at her disposal, when needed, a completely sterile and individual unit for the perineal care of the patient.

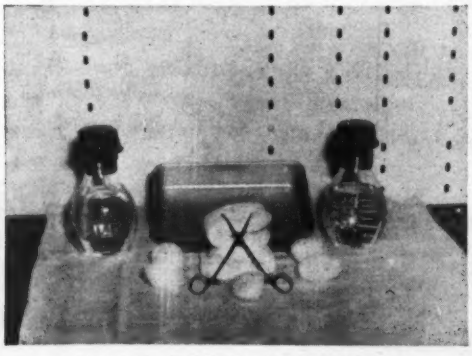
In carrying out this procedure, the pharmacy department prepares and supplies approximately 80,000 flasks of sterile physiological saline to the obstetrics department in a year. The sterile, pyrogen-free solution replaces the former cresol soap solution and the flask itself is used to pour the solution, thus eliminating a pitcher. The flask is well suited for pouring since it is closed with a Fenwal "pourovac" closure. It is quite possible that this procedure would be prohibitive, from a cost standpoint, were it not possible to prepare the sterile solutions readily and economically within the hospital, using the Fenwal System to manufacture sterile solutions. It is estimated that these solutions can be so prepared at less than 10 per cent of the price it would cost to purchase them already prepared.

In summary, the advantages of the technique may be listed as follows:

1. The technique is fully individualized whereas the conventional methods of perineal care are anything *but* on an individual basis.

2. It is a safer procedure in that all materials used, pads, forceps, cotton, solution, et cetera, are sterile upon delivery to the patient's bedside for use by the nurse. The solution is definitely sterile and pyrogen-free which cannot be said with certainty of cresols, xylenols, et cetera, prepared in open vessels and transported in pitchers from patient to patient. The use of forceps, immersed in cold germicidal solutions, for varying short periods leave their sterility open to question as these types of germicides cannot be expected to sterilize instruments adequately short of several hours' exposure.

3. It is easier to control dressings since former losses could be largely attributed to the necessary



Contents of individual sterile bundle.

(Concluded on page 92)

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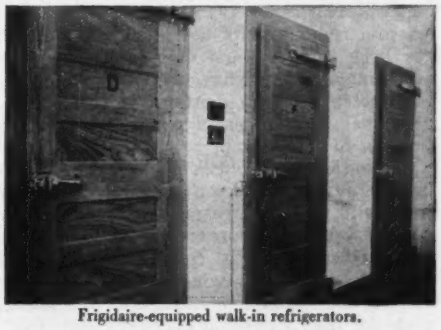
"Frigidaire was entrusted with all refrigeration requirements in both the Hospital and Nurses' Residence. Equipment installed ranged from refrigeration for biologicals and formulae to water coolers and water-chilling for the air conditioning units in Nurseries and Operating Rooms.

"During installation, refrigeration problems were handled intelligently and expeditiously by H. C. Wilson & Sons, Ltd., Sherbrooke, the Frigidaire Dealership which sold the equipment."

—*Sherbrooke Hospital, Sherbrooke, Que.*

Nurses' Cafeteria looking toward serving counter and kitchen.



Frigidaire-equipped walk-in refrigerators.

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Two Provinces Present Health Survey Reports

Saskatchewan

A 270-page document surveying health programs and personnel in Saskatchewan (see page 28) and making some 115 recommendations for their future development has been released recently by federal and provincial health authorities.

The recommendations, fruit of 2½ years of study by a special committee set up by Saskatchewan's Department of Public Health, cover all phases of public health. The committee was financed by a federal health grant and its chairman was Dr. F. D. Mott, until recently deputy minister of health for Saskatchewan. A second volume on hospitals is in the printers' hands.

A separate section of the report surveys the numbers and distribution of physicians and dentists in Saskatchewan; supply and training of nurses; and the current situation in regard to pharmacists, physiotherapists, optometrists, chiropodists, and drugless practitioners. Although much has been and is being done to overcome the deficiency, the report notes "a real shortage of personnel in the health professions in Saskatchewan."

Prepaid health services, including the municipal doctor system, the Swift Current program and voluntary health insurance plans are discussed as to coverage, benefits, cost and volume of service, and recommendations are made for their extension to cover the province "at the earliest possible date" so that "adequate health care of high quality shall be available to all residents of the province on the basis of need and without regard to individual ability to pay."

Organization of adequately-staffed health regions throughout the remainder of the province should be proceeded with "as rapidly as possible" to provide basic public health services, the report suggests. It also asks that a standard immunization program for all children in the province should be developed and stresses that steps should be taken to obtain more uniformity among the provinces regarding control of communicable diseases.

Seven recommendations cover the expansion of public health laboratory services and their relationships to provincial and hospital laboratories. Eight recommendations are made concerning the expansion and improvement of rehabilitation services, including establishing centres for special types of cases and providing adequate rehabilitation facilities and services in both base and regional hospitals.

In the 18 recommendations covering training of public health workers, the report suggests a conference of the four western provinces to consider expanding dental training facilities, including training of dental hygienists. Among its other recommendations are those for a school of physiotherapy and a college of optometry for western Canada; a re-examination of the nursing education program; the completion of the University Hospital, Saskatoon, so that a full medical course can be offered at the University of Saskatchewan; and the expansion of training facilities for x-ray and laboratory technicians.

Commenting on the "unco-ordinated development of innumerable voluntary agencies," the report suggests that provincial voluntary health agencies should be required to incorporate before making appeals to the public for funds. This requirement should also apply to national organizations making financial appeals in the province.

Alberta

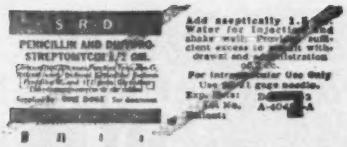
Eighty-seven recommendations to improve public health services in Alberta are contained in the report of the Alberta Health Survey Committee. The report notes that "a considerable degree of health insurance is already provided" in Alberta but that much remains to be done before all citizens can rest secure from the economic threat of illness. Major proposals of the report, if implemented, would lead toward a complete program of health insurance.

Health insurance plans already operating in Alberta include 12 municipal doctor programs; family contracts with doctors; provincially-paid services for old age pensioners, blind pensioners, and recipients of mothers' allowances; groups organized mainly by trade unions and groups set up under Medical Services (Alberta), Inc. A special section of the report recommends general principles to be followed and the coverage which might be given in a province-wide program of hospital insurance.

The costs of any general health insurance program should be shared by the insured person, and the municipal, provincial, and federal governments, with as much of the administration as possible at the local level. To reduce abuses, the committee recommends that the recipients of service pay for the first service rendered.

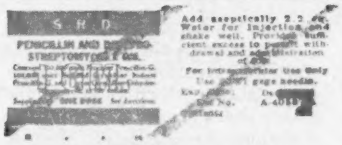
The provincial department of public health should be expanded, the report suggests, by adding five new divisions, including child and maternal health, dental health and industrial hygiene, and by expanding present services in sanitation, health education, nutrition, statistics, professional training, rat control, local health services, and advisory assistance to hospitals.

The report includes a plan for a province-wide system of health units and suggests that existing health unit programs be ex-

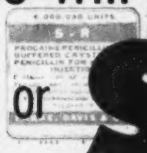


when they want

penicillin or penicillin with dihydrostreptomycin



physicians will now ask for



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(Parke-Davis penicillin and dihydrostreptomycin)

Physicians will ask for S-R because they know this well established combination of soluble and repository penicillin provides the early, high and prolonged blood levels they need for maximum therapeutic efficacy. And when they want a broader bacterial spectrum, they'll order S-R-D (penicillin and dihydrostreptomycin).

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S-R-D, 1 Gm.: Each vial contains 300,000 units of procaine penicillin-G, 100,000 units of buffered crystalline sodium penicillin-G, and dihydrostreptomycin sulphate equivalent to 1 Gm. of dihydrostreptomycin base. When 2.2 cc. of diluent is added, this provides sufficient material to permit withdrawal of 5 cc. from the vial for a single dose injection.

S-R-D, ½ Gm.: Each vial contains 300,000 units of procaine penicillin-G, 100,000 units of buffered crystalline sodium penicillin-G, and sufficient crystalline dihydrostreptomycin sulphate to represent ½ Gm. of dihydrostreptomycin base. When 1.5 cc. of diluent is added, this produces 2 cc. of material for injection.

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Orchids to O.H.A. Public Relations

The excellent O.H.A. publicity in connection with National Hospital Day is due, in no small way, to the ideas and efforts of Kenneth C. Cross, left, Public Relations Director of the Ontario Hospital Association, and A George Ferchat, Assistant Director. Under their direction, many publicity features were promoted and a variety of material prepared to assist hospitals in observing this special day.

Both Mr. Cross and Mr. Ferchat bring many talents to the field of public relations. Mr. Cross has devoted 28 years of his life to this profession and to advertising. Among his extracurricular activities, he directs the University of Toronto extension course in public relations which is conducted under the auspices of the Public Relations Association of Toronto of which he is director.

Mr. Ferchat has an inherent aptitude for public relations, an aptitude discovered while he was a Blue Cross department supervisor. He has a talent also for music. This he ably demonstrated once again when he conducted a nurses' choir during Toronto's civic observance of National Hospital Day planned by the Toronto Hospital Council. ●

←

panded to include school dental services, nutritional and mental hygiene services, and more health education. Cities not included in rural health units should be given financial assistance on a similar basis to that now given to rural units.

As a means of meeting the demand for public health workers, the report recommends that a study be made toward establishing additional courses in dental hygiene, physiotherapy, public health, and social work in western Canada.

In the mental health field, suggestions are made for enlarging the province's mental hospitals and developing new mental health clinics at Lethbridge, Red Deer, and in the Peace River area. In its chapter on cancer control, the committee recommends a new cancer clinic to serve the Lethbridge-Medicine Hat area.

Highlight of the recommendations on tuberculosis control is that mass x-raying be decreased but that tuberculin testing and x-raying of special groups should be continued and expanded as well as the preventive campaign through BCG vaccination.

Part of the work of the proposed child and maternal health division, the report suggests, would be to establish a registry of crippled children, co-ordinate existing treatment programs, and develop rehabilitation services.

The report surveys the history and development of hospital services in Alberta and concludes that, in so far as general hospitals are concerned, the total number of beds now in use, plus those at present in process of construction, is sufficient. However, construction of hospitals for the chronically ill should be encouraged.

It also recommends that doctors be encouraged to go to rural areas, by subsidization schemes which will provide them with reasonable security.

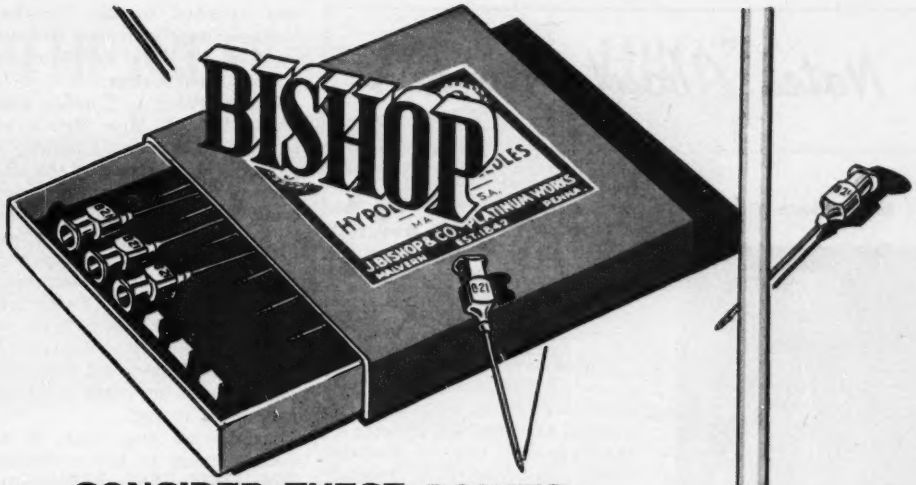
Fourteen suggestions are made regarding nursing, including a study of the present curriculum and methods of teaching in schools of nursing, and compulsory licensing of nursing and auxiliary nursing personnel in a manner similar to that prevailing for school teachers.

The report notes a shortage of dentists and suggests that one or more travelling dental clinics be established.

Two-Year Nursing Course Offered at Rutgers University, New Jersey

A release forwarded by Arthur W. Smith, director of Overlook Hospital, Summit, N.J., and formerly of the Royal Victoria Hosptal, Montreal, outlines a new two-year course which somewhat parallels experimental courses in Canada.

The Newark College of Arts and Sciences, Rutgers University, Newark, New Jersey, is offering a course which includes 22 continuous months of organized instruction and practice leading to a diploma in nursing. Students who complete the program satisfactorily will be qualified to write the Board of Nursing Examination for Nurses (R.N.) practising in New Jersey. As the two-year program is experimental, an eight-month internship will be required in order to verify the success of the curriculum. During this internship, the student will receive $150 per month. Overlook Hospital in Summit, New Jersey, will provide clinical facilities during the 22 months of training and during the internship. The first class is scheduled to start July, 1952.



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PHYSICIANS AND HOSPITAL SUPPLIES

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◂ Notes About People ▸

Rev. Mother Paula, C.S.M.

The Sisters of St. Martha and, indeed, the hospital field have sustained a great loss this year by the death of Rev. Mother Paula, C.S.M., formerly administrator of the Charlottetown Hospital, Charlottetown, P.E.I., after an illness of several months.

Mother Paula began her career as a teacher and, in 1918, she entered the Sisters of St. Martha Novitiate at Antigonish, N.S. Later, she was sent by her order to Marquette University, Wisconsin, to receive special training in hospital administration.

In 1925, on the departure of the Grey Nuns from the hospitals in Prince Edward Island, the Sisters of St. Martha took over their duties. At that time Mother Paula became superior of the Charlottetown Hospital; a post which she held until 1933 when she was named Superior General of her Community in Prince Edward Island. Some 12 years later, Mother Paula returned to the Charlottetown Hospital as superior and remained active until June of 1951 when she was taken ill. Widely known for her administrative ability and her wisdom, Mother Paula was greatly admired by all those associated with her.

* * * *

Fred G. Hubbard of V.G.H. Assumes New Post

Fred G. Hubbard has been appointed an assistant director of the Vancouver General Hospital, taking over a post recently vacated by George H. Stone who is now superintendent of the Salt Lake County General Hospital in Salt Lake City, Utah. Mr. Hubbard, a graduate of the University of Minnesota's degree course in hospital administration, joined the staff of the Vancouver General in 1949 as an administrative resident. In June 1950, he was appointed an administrative assistant and acting purchasing agent for the hospital.

Mr. Hubbard attended the University of North Dakota, served from 1942 to 1945 with the Medical Administration Corps of the United States Army and, in 1948, was assistant business manager of a medical centre in Tucson, Arizona.

* * * *

Harriet Tremaine Meiklejohn

Harriet Tremaine Meiklejohn, formerly superintendent of the Women's College Hospital, Toronto, died in April, at the age of 75. Born in Quebec City, Miss Meiklejohn graduated from McGill University, Montreal, in 1903, and took her nurse's training at the Presbyterian Hospital, New York. Later, she was in charge of the Nassau Hospital Training School, Mineola, L.I. and, subsequently became superintendent of nurses at Mountainside Hospital, Montclair, N.J. During World War I, Miss Meiklejohn served overseas as a nursing sister and was attached to the Canadian Medical Corps in France. She was awarded the Royal Red Cross for distinguished service.

On returning to Toronto after World War I, Miss Meiklejohn took a post-graduate course in public health nursing at the University of Toronto. She spent some time in this field of nursing both in Ontario and New Brunswick. In 1925, she was appointed superintendent of St. Catherines General Hospital, St. Catherines, Ont., and, two years later, returned to Toronto as superintendent of the Women's College Hospital, a post she held until her retirement in 1943.

During her long years of devoted service to her profession, Miss Meiklejohn was honoured many times for her notable contributions to the health field. In 1950, the hospital's alumnae association established an annual scholarship in her name, open to the graduates of the hospital for post-graduate study in nursing.

* * * *

Dr. Malcolm T. MacEachern Honoured by National Organizations

One of Canada's illustrious native sons — Doctor Malcolm T. MacEachern — has been cited by the newly formed Joint Commission on Accreditation of Hospitals for his work in elevating the standards of hospitals of the

(Concluded on page 104)

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With the Auxiliaries

Activities Reported by Auxiliary at Royal Edward Hospital, Montreal

The sum of $12,120 was raised during the past year by the auxiliary of the Royal Edward Laurentian Hospital, St. Urbain St., Montreal, for its benevolent work at that hospital, the Ste. Agathe Hospital (Laurentian Division), and the three wards for tubercular children in the Alexandra Hospital. This amount was realized from donations and money-raising projects sponsored by the 33 units of the auxiliary; these units have a total membership of 750. In the budget for 1952 presented at a recent annual meeting, it was reported that donations would be as follows: the Montreal Division (St. Urbain St. Hospital with 50 surgical patients) $2,600; the Laurentian Division (Ste. Agathe Hospital with 350 patients) $7,220; and the Alexandra Hospital (three wards) $1,700.

A fund has been started to provide furnishings for the proposed nurses' residence for the St. Urbain St. hospital. It was reported that during the past year this unit of the auxiliary had collected $1,481 from the sale of book matches and had received contributions amounting to $1,586. In addition, this unit has paid the salary of a part-time physio-therapist for the past four years and recently doubled their contributions to such services.

The chairman of the St. Agathe unit (Laurentian division) announced that it had raised $700 from two dances and a bridge marathon. Approximately $8,175 was donated to the hospital and, of this amount, $6,050 was used to continue services which the auxiliary has undertaken for several years. These include: books, comforts for the patients, and salaries for patients who have recovered sufficiently to work at the hospital. The remainder of the donation was used to purchase a third water cooler for the main building, a stove for the nurses' residence, and rubber mattresses for the hospital.

* * * *

Busy and Successful Year Reported by Junior Auxiliary

Two operating tables and a complete x-ray table, to cost approximately $7,000, will be presented to the Royal Jubilee Hospital, Victoria, B.C., by the junior auxiliary. During 1951, a cheque for $2,000 was donated to the hospital to cover the cost of refurnishing a doctor's consulting room, a patients' reception room, and converting two rooms in the nurses' home into kitchens. The library and small reception room in the home were also redecorated and refurnished, in collaboration with the senior auxiliary. Initialed gold cuff links were presented to the 53 nurses in the graduating class and the annual $350 bursary was awarded to a member of the class.

Total receipts for the year were $8,389 and of this amount $3,496 was used to supply the hospital's needs. Funds were raised through the annual decorated tables display, at which $513 was realized; a dance, which brought in $203; and the bazaar, at which $2,000 was raised. A showcase in the maternity pavilion realized $7.31 from the sale of hand-made infants' clothing. The Thrift Shop established a record with a total revenue of $5,000 and the Mobile Shop showed a turn over to the auxiliary of $700.

The director of the social service branch reported that funds had been used to purchase special appliances, taxi service for the aged and infirm, providing emergency shelter for destitute persons, a business course for a crippled boy, an insulin kit for a young diabetic, special medicine for needy persons, as well as many other comforts and necessities for patients. This auxiliary has a total membership of approximately 150.

Saskatoon Auxiliary Helps Furnish Nurses' Residence at City Hospital

Four lounges and the recreation room in the new nurses' residence at the Saskatoon City Hospital, Saskatoon, were furnished by the ladies auxiliary. Among the other successful projects carried out during 1951 were the distribution of Christmas gifts to the public ward patients, the annual tag day, and a membership tea. Two members visit the children's ward each afternoon to entertain the children.

* * * *

Operating Room Table Purchased by Auxiliary at Winnipeg

The highlight of a recent meeting of the St. Joseph's Hospital Guild, which serves St. Joseph's Hospital, Winnipeg, Man., was the donation of $1,200 to the hospital. The money will be used to help toward the cost of a new operating room table. Receipts for the past year totalled $3,038.45 and disbursements were $1,664.18. A coffee party held in January netted $1,250.92.

* * * *

Auxiliary at Owen Sound, Ont., Reports on 1951 Activities

Nearly $2,200 was raised during 1951 by the women's aid to the General and Marine Hospital, Owen Sound, Ont. The auxiliary purchased 24 new bed-side tables for the beds in the public wards and also donated a new oxygen tent to the hospital. One of the auxiliary's annual projects is to supply the nurses' residence with linen. Almost $100 was spent for this purpose. Another $100 was spent on silverware for the nurses' dining room and many other donations were made to the nurses' residence. Funds were derived from membership fees, Community Chest, Opportunity Shop, baking sale, fashion show, summer tea, bridge and canasta parties, and the sale of memo calendars.

* * * *

Successful Bazaar Held

A complete report on a recent supper and bazaar which was held by the women's auxiliary of St. Joseph's General Hospital, Port Arthur, Ont., showed the total receipt to be $2,423.

Notes on Federal Grants

Cancer

A new cancer treatment clinic is to be set up at the St. Francis of Assisi Hospital, Quebec City, with support from the federal health grants. The grant will pay half the cost of technical equipment needed to set up a treatment centre. It will also be used to help meet the salaries of a full-time nurse trained in social work, the fees of doctors and surgeons who will staff the clinic, and the hospitalization costs of patients. Total cost to the federal government during the current fiscal year is expected to be close to $20,000.

Construction

The federal government has just allocated $20,000 to help meet the cost of alterations to the Brantford General Hospital, Brantford, Ont. The Terrace Pavilion of the hospital, previously used for accommodation of the chronically ill, has been converted into space for obstetrical patients and Winston Hall has been renovated to serve the chronic patients. Additional space is thereby made available for 15 beds and a 15-bassinet nursery.

A building which formerly housed munition workers is being renovated and will be converted into the new Community Memorial Hospital at Port Perry, Ont. Previously located at Ajax, Ont., the building was dismantled, moved to Port Perry, and reassembled on its new site. The federal government has allotted a $25,000 grant to help meet construction costs. When completed later this year, it will have space for 22 beds, a nine-bassinet nursery, and medical, surgical, and obstetrical facilities.

The Pine Falls Hospital, Pine Falls, Man., and the La Verendrye Hospital, Fort Francis, Ont., are increasing their accommodation and have been allotted a total of $79,700 in federal grants. Additions to and alterations in the Pine Falls Hospital will provide space for 14 more beds; a nine-bassinet nursery; and medical, surgical, and obstetrical services. Space is also to be provided for local health unit clinics. The federal and provincial governments will each contribute $18,200 toward the building costs, with the remainder being met by the Manitoba Paper Company, Ltd., and other private donors. Construction is expected to be completed this year.

The La Verendrye Hospital, operated by the Sisters of Charity, is being more than doubled in size to provide space for 53 additional beds; a 26-bassinet nursery, and related surgical, medical, and obstetrical services. This hospital serves about 20,000 people in the towns of Fort Francis, Rainy River, Atikokan, and surrounding districts.

Hospitals in Westlock, Alberta, and in Kelvington and Radville, Sask., have just been awarded federal grants to enable them to increase their services. The largest grant goes to the Immaculata Hospital, Westlock, which will receive $53,000. There, the existing hospital has been altered and a new wing built to provide space for 47 additional beds, an 18-bassinet nursery, new operating and case rooms, and an x-ray suite. This hospital, operated by the Sisters of Charity, serves about 13,000 people.

A new public health clinic is being added to the Union Hospital, Kelvington, Sask. It will include doctors' offices, examination and treatment rooms, and laboratory and x-ray services both for in- and out-patients. The federal grant of $3,000 matches a provincial grant of the same amount. At the recently-completed Radville Community Hospital, Radville, Sask., a section of the building is being fitted up as a nurses' residence. A federal grant of $3,000, matching one from the province, has been earmarked to assist with this work.

The federal government has just approved grants totalling approximately $14,000 toward the construction costs of a health centre in Victoria, B.C., and a sub-office for the Simon Fraser Health Unit at Maillardville, B.C. In Victoria, a new building to serve as a combined community health and welfare centre is being built by the city on Cook Street. It will provide space for a child welfare clinic with waiting and consultation rooms, committee rooms, and offices for the medical health officer and his assistant, the public health nurses, dentist, psychologist, mental hygienist, public health educator, and sanitary inspectors. The federal and provincial governments are each contributing $11,250 toward the building costs.

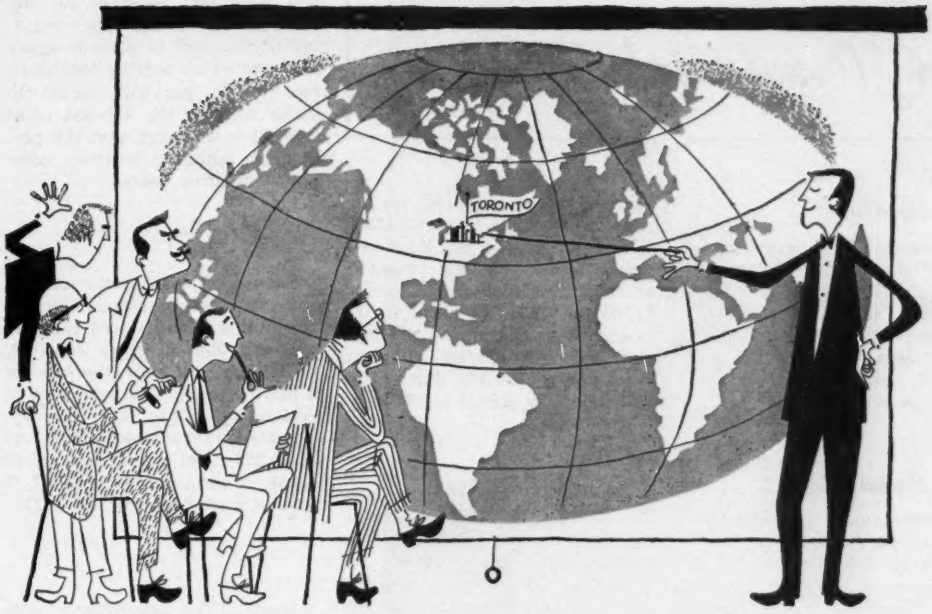
In Maillardville, new quarters are being provided for the health unit in a school building. This sub-office of the Simon Fraser Health Unit serves school district 43. It will provide space for a clinic and offices for three public health nurses, a dentist and his assistant. The cost is being divided evenly among the federal and provincial governments and the British Columbia Tuberculosis Society. The federal grant will be about $2,700.

Public Health

As a step toward providing home treatment for arthritics in Halifax, N.S., the federal government has allotted funds from its health grants to buy and equip a mobile treatment unit . The unit will be operated by the Nova Scotia branch of the Canadian Arthritis and Rheumatism Society. A physiotherapist will provide direct treatment for between 8 and 12 persons per day and will also teach patients and their families to give certain treatments themselves.

To obtain the home physiotherapy service, patients must be referred to the Canadian Arthritis and Rheumatism Society by their

(Concluded on page 102)



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Provincial Notes

Nova Scotia

AMHERST. The financial report of the Highland View Hospital for the year 1951 showed a total revenue of $150,465.87, with total operating expenditures of $140,511.44. Capital expenditures were $3,578.36, leaving a net surplus for the year of $6,376.07.

New Brunswick

CAMPBELLTON. Construction work is expected to get under way early this summer for the new provincial mental hospital here. The boiler house for the $4,000,000 institution was completed last year.

Quebec

LACHINE. The new 150-bed Lachine General Hospital was formally opened in April. It replaces the earlier 32-bed structure.

* * * *

WAKEFIELD. The new $100,000 Gatineau Memorial Hospital was formally opened at the beginning of March. Converted into a hospital from an old estate, the institution has accommodation for 18 adult beds and six bassinets. Located on the main floor is the minor operating room, with x-ray facilities. The maternity section is located on the second floor. Some 10,000 people living in the area surrounding Wakefield and extending from Chelsea to Kazabazua will be served by the hospital.

Ontario

CLINTON. The Clinton Hospital Association, which operates the Clinton Public Hospital, has announced that the financial statement for the year 1951 showed a net profit for the year of $8,965, as compared with a net loss of $1,050 for 1950. In addition, the mortgage on the property, which was originally $25,000, had been reduced by $10,000 during the year and now stands at $5,000.

* * * *

GALT. The sod for the new South Waterloo Memorial Hospital was turned jointly by the mayors of Galt, Preston, and Hespeler, and the Reeve of North Dumfries at a ceremony in April. An estimated $2,500,000 will be spent on the 173-bed hospital, which will replace the present Galt General Hospital. The city of Galt will contribute $1,000,000 toward the cost of construction, Preston $500,000, Hespeler $200,000, and North Dumfries $110,000. The remaining $500,000 will be raised by public subscription and government grants.

* * * *

HAMILTON. The 322-bed Nora Frances Henderson Memorial Hospital is expected to be completed by the summer of 1953. The ground floor of the building is now nearing completion and the laundry in a separate unit will be ready for the installation of laundry equipment this month. The hospital, which is a division of the Hamilton General, will be used for chronic and convalescent patients and is being built east of the present Mount Hamilton Hospital.

* * * *

LONDON. A 25,000 grant for construction of a 65-bed temporary addition to the Victoria Hospital was approved recently by the city council. The temporary building is required to provide space for beds which will be lost when two wards are torn down to make way for the 410-bed addition. It is expected that the permanent addition will be completed in three years.

* * * *

SARNIA. A rise in the cost of room rates at the Sarnia General Hospital was announced recently and will take effect on June 1st. Under the new scale, the rate for a private room with bath will be raised from $10 to $12.50 per day; private room without bath from $9 to $11, semi-private from $7.50 to $8.50, semi-public from $7 to $8, and ward beds from $6 to $7.

* * * *

SCARBORO. The possibility of constructing a new public hospital has been under discussion recently by the Scarboro council. The hospital would be erected by the Sisters of St. Mary, who operate St. Mary's Hospital, Toronto, and it would probably contain 100 to 112 beds. It is expected that the hospital would cost approximately $1,500,000. James Govan, architect, Toronto, has drawn up tentative plans.

* * * *

TORONTO. Some 60 student nurses from the Hospital for Sick Children have moved into the first unit of the hospital's new nurses' residence. To be known as the Elizabeth McMaster House, this unit is the first of a three-unit structure which, eventually, will be linked to the hospital by tunnel. Made up mainly of single bedrooms, the residence will have accommodation for 175 students when it is completed. The top floor of the unit contains a 14-bed infirmary, complete with nursing station, utility and treatment rooms, and a kitchen. Bedrooms are located on the other six floors, each floor having a sitting-room

(Continued on page 110)

Book Reviews

MANUAL FOR MEDICAL RECORDS LIBRARIANS. By Edna K. Huffman, R.R.L., Medical Records Consultant. Third Edition. Pp. 484. Illustrated. Price $7.50. Published by the Physicians Record Company, Chicago, Ill.

This book is a clear, concise text for beginners and also a reference guide for practising medical records librarians and for the hospital administrator.

In this, the third edition, sections dealing with the *International Classification of Diseases, Injuries and Causes of Death*, and the *Standard Nomenclature of Diseases and Operations* have been brought up to date. Several chapters have been rewritten entirely and much new material has been added to others. The growing importance of the medical audit in hospitals is stressed in a chapter on the medical records librarian's responsibility in this function.

Mrs. Huffman is well qualified to write on medical records library practice. She has organized and conducted three schools approved for the training of medical records librarians; and she was also director of the Program in Medical Records Library science at Northwestern University where she continues to lecture in the Program in Hospital Administration.

* * * *

HOSPITAL STAFF APPOINTMENTS OF PHYSICIANS IN NEW YORK CITY. A report of the Hospital Council of Greater New York. Pp. 151. Illustrated. Price $3.25. Published by the Macmillan Company Limited, New York and Toronto, 1951.

In 1949, the Hospital Council of Greater New York appointed a special committee to ascertain the number of eligible physicians who did not have staff appointments or courtesy privileges at various hospitals in the area. The two-year study sought to assess the responsibility of hospitals to physicians in a community; the proper proportion of physicians having staff appointments; how many physicians should be on staffs of individual hospitals; and how many physicians should have privileges for admission of private and semi-private patients.

From this study, the Hospital Council makes certain recommendations, among which are the following: that hospitals make available to physicians in active practice the opportunity to serve in ward and out-patient departments and to care for their own patients in private and semi-private facilities; that all hospitals appoint general practioners to their staffs and, under the jurisdiction of the chiefs of various services, give them the opportunity of working in different departments, the privilege of private patients, and the educational advantages afforded by the institution; that general hospitals establish appropriate professional units to guide the activities of general practitioners on their staffs, and to work out a program for each individual practitioner with various clinical departments; and that, for general care hospitals, an average ratio of beds to physicians should be 0.90 bed per physician-appointment on general ward service and 0.60 bed per physician-appointment on private and semi-private services.

A timely study about a subject that is demanding increasing attention in the hospital field, this report should be of interest and value to many communities, large and small.

* * * *

THE QUIET ART — a Doctor's Anthology. Compiled by Dr. Robert Coope. Pp. 283. Price $2.40. Published by E. and S. Livingstone Ltd., Edinburgh and London, and the Macmillan Company of Canada Limited, Toronto.

"It was his part to learn the powers of medicines and the practice of healing, and careless of fame, to exercise that quiet art" — Virgil, *Aneid* XII. With this quotation providing his title and inspiration, Dr. Coope gives us in his anthology a fascinating glimpse of what people of wisdom in all ages have thought about this quiet art of medicine and the all-embracing art of living. Thus not only are members of the medical profession represented but also philosophers, poets, scientists, authors, and saints. Prominent in this parade of ideas are Plato, Hippocrates, St. Paul, Roger Bacon, Karl Pearson, Leeuwenhoek, and George Bernard Shaw. As further examples of the anthology's range and diversity, there are apt quotations from the New Testament, the Talmud, and the Zohar.

Doctors have always shown an appreciation of their art and an ability to write about their profession, and life itself, in clear, humorous, and convincing style. *The Quiet Art* offers further proof of this fact for it contains a wide variety of comment upon the profession, and human nature, by such famous medical men as Sir William Osler, Lord Lister, Dr. Jacob Bigelow, Sir Robert Hutchinson, Sir Andrew Macphail, and Harvey Cushing.

The Quiet Art is a doctor's anthology and thus the tidbits of wit and wisdom gathered here will be especially appreciated by members of the medical profession. However, the scope and material of this anthology are broad enough to invite anyone to dip with delight into its pages, assured of finding some thought both interesting and stimulating.

* * * *

WATER TREATMENT FOR INDUSTRIAL AND OTHER USES. By Eskel Nordell, administrator, analytical laboratories research and pilot plant divisions, the Permutit Company, New Jersey. Pp. 526. Illustrated. Price, $12.00. Published by Reinhold Publishing Corporation, New York, N.Y., 1951.

This book provides an exhaustive, practical, and up-to-date reference work on the conditioning and treatment of water supplies for industrial and domestic uses.

It includes detailed information

(Concluded on page 100)

Here and There

Glimpses from the Past

OVER two hundred years have passed since the great Middlesex Hospital, in London, Eng., was originally founded to aid, comfort, and cure "the sick and lame of Soho", in 1745. Many changes have taken place over the years and not the least of these was the practice of allowing medical students to avail themselves of the advantage of instruction in hospitals. Hilary St. George Saunders, in his book *The Middlesex Hospital,* relates some early incidents concerning this practice.

"Students were allowed to 'walk the hospital' as early as 1746, when it was enacted that all pupils must first be approved of by the governors at their weekly board meeting. The first to receive this approbation, together with permission to pursue his medical studies in the hospital, was Lucas Everard Greenhead; but not a great many such 'apprentices' availed themselves of the opportunities of study afforded by the hospital when it was still in Windmill Street. In 1757, however, at the opening of the new buildings (on the site of the present hospital), the number of pupils and 'dressers', as they were called, increased; those attached to the surgeons being admitted on payment of fifteen guineas a year. Candidates must have served a regular apprenticeship to a surgeon for five years. These house pupils can truly be considered to be the forerunners of the house surgeons of later days and modern times.

"By 1761, the surgeon-pupils had grown sufficiently numerous to make it necessary to draw up a code of rules, among which may be noted the obligation to report 'any incident of swearing or other misbehaviour to the first surgeon who next comes to the hospital'. Failure to do so might lead in extreme cases to expulsion. The pupil had constantly to attend 'at the dressing of the patients and carry pen, ink, and paper to minute down all messages to the physicians'. They were allowed to take but little active part in the procedure of healing and were forbidden 'to reduce any fracture or perform any operation of consequence'. They were never to enter the apothecary's shop 'on any account whatever', nor the women's wards except when the patients were being dressed. The house-pupil for the year in which these regulations were drawn up was Mr. James Chafy, who subsequently became one of the surgeons of the hospital and thus provides the first instance of a pupil being appointed to the honorary staff.

"Not until 1766 did physician-pupils enter the Middlesex Hospital. At first they were allowed to do little more than walk round the wards in the wake of their chosen physician and to pick up such crumbs of knowledge as the great man chose to impart. This method of instruction was soon seen to be inadequate and physicians and surgeons were presently allowed by the board 'to read lectures on physic and surgery'.

"By 1774, the number of students on both the surgical and medical side had grown so large that they formed themselves into a Medical Society. They were allowed to meet for two nights a week in the physicians' room 'on condition that they should pay the treasurer three guineas per quarter for the benefit of the charity'. The frugal board ordained that the Society should pay for its own candles. This Society still flourishes and, with the exception of the Medical Society of London founded the year before, is the oldest in England."

Euphemism in Medical Words

Medical words have beauty of sound. Authoress, Susan Ertz, in her novel *Madame Claire,* created a delightful word picture when her heroine writes to a sick friend:

"I am sorry you are feeling less well. How is the phlebitis? No one ought to suffer from anything with such a pretty name. Did you ever stop to think that the names of diseases and the names of flowers are very similar? For instance, I might say, 'Do come and see my garden. It is at its best now and the double pneumonias are really wonderful. I suppose the mild winter had something to do with that. I am very proud of my trailing phlebitis, too, and the laryngitises and the deep purple quinsies are a sight to behold. The bed of asthmas and malarias that you used to admire is finer than ever this summer, and the dear little dropsies down by the lake make such a pretty showing with the blue of the anthrax border behind them.'" — *Jeharned in "Medical Terminology Made Easy".*

Recognition?

One of the women guests on her arrival at a reception instead of moving on, insisted on talking to the host, saying how surprised she was that he remembered her.

"How in the world did you know me? I have changed greatly, I have been told. I have been ill and had to have an operation for appendicitis."

She went on giving more details of her operation and the guests were waiting in a long line behind her. The host, growing desperate, at last said, in ringing tones: "To tell you the truth, Madam, I hardly did know you without your appendix."—*English Digest.*

Daffy Definitions

Etiquette: learning to yawn with your mouth closed.

Fanatic: one who clings to the means even after he has forgotten the end.—*Sanatayana.*

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Linen Costs

(Continued from page 38)

control". With the co-operation of the operating room supervisor, an effort was made to consolidate the different sizes of covers, squares, drape towels and other items used in the operating room. It was found that many sizes were infrequently used and it was possible, by reviewing their uses, to write standard sizes that would meet the needs of the operating room and discontinue certain sizes from regular stock. This will have the effect of reducing our in-service inventory of operating room linen.

Linen control, it has been said many times, must be exercised from the time the purchasing agent places his order until the linen reaches the discard bin. Let's start right from the beginning. Let's give the purchasing agent the specifications for the quality of linen that will give the hospital the best service. Writing linen specifications is not a one-man job. It requires advice from the nursing service, housekeeping, laundry, and the purchasing agent.

At times we wonder whether administration and department heads are not "committee-ed" to the point that they lose valuable time which could better be used in carrying out their normal duties. A linen specifications committee can, however, serve a very useful purpose in drawing up standards and specifications. The department of nursing, executive housekeeper, laundry manager, purchasing agent, and administrative officer, should be represented on the committee and they would be charged with establishing how many different items are required and specifications for each item. The specifications should include the following factors:

1. Name of article
2. Type of material, e.g.,
   factory cotton sheeting unbleached
   sanforized
   drill
   linen
   duck canvas
   percale
   weight or thread count minimum
3. Color
4. Size (finished)
5. Description (e.g. tonsil sheet).

It might also be advisable to record the departments where each article would be used and preferably the laundry finish and fold size.

The committee could also establish the in-service inventory and the stock inventory.

If a committee could prepare a report patterned on the above outline and present it to the purchasing agent you can be sure he would be forever grateful.

Discarding

Watch linen discards. The responsibility for determining when linen should be discarded is not a minor job. A skilled person is needed to evaluate worn linen and decide when it shall be discarded. Care should be taken to place this responsibility in the right person.

Mending can be an expensive process and this person must decide where it is worthwhile, limiting mending to those pieces where the potential longer life is justified.

If you have a duster shortage problem don't overlook the value of dyeing old rags for dusters. Some six months ago we could never seem to meet the demand for old rags to be used for dusters and as an experiment we started dyeing our linen discards a very attractive orange color in our laundry.

At first, the reaction of nursing and housekeeping staffs was not too complimentary as the dye, although it was guaranteed to be tub-fast, did not immediately hold. Fortunately for the laundry manager, however, after one washing the dye held and we have had no more complaints.

Today we have bags of dusters, dyed and stored ready for distribution, although our linen discards are relatively the same. There is also the invisible saving in linen as personnel are not tempted to use good linen for cleaning purposes. The dye is not costly and the dyeing can be done in the laundry wash-wheel. If you do not already dye your dusters it may be worth your while.

If there is a new laundry in your plans for the future or if you hope to replace any of your present washfloor equipment, investigate fully the new automatic washers and unloading, truckless, extractors available today. The higher cost of automatic equipment compared to that of manual type can be partially written off through the savings in linen.

Sterilizing Procedures

Another factor contributing to increased linen costs may be your sterilizing procedures. Until a year ago all operating room bundles were autoclaved by orderlies as part of their duties in the operating room. The sterilizing procedure was carefully typed and posted at the autoclave but often other duties did not allow the operator to keep in constant attendance. Consequently, many loads were in the autoclave for a much longer period than prescribed and often at a temperature sufficient to break down the linen fibres.

Happily our new and enlarged central supply department was completed in September, 1950. All operating room linen sterilizing was transferred to this department with specially trained orderlies in charge of the autoclaves. Although there have been other factors which have contributed to the decrease in operating room linen costs, it can conservatively be said that by constant and vigilant observation of sterilizing procedures and techniques our operating room linen replacement costs were down thirty per cent for the first ten months of operation this year compared with last year. If you have one eye on linen control, keep the other eye on your autoclaving.

Education Program

Instilling in personnel an awareness of linen replacement costs cannot be overlooked. It is highly important to make nursing staffs and other personnel linen-conscious. No opportunity should be overlooked to make staff members aware of the costs of linen today and how much good linen means to good patient care. Let personnel know the price of

(Concluded on page 106)

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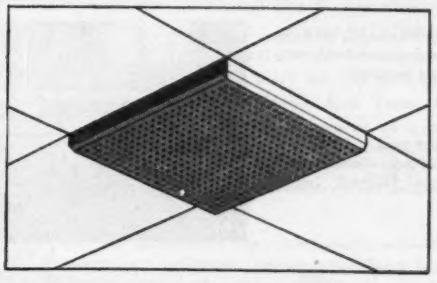

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(Continued from page 46)

special nursing and chiropody[6].

Commencing in Ontario in 1915, a characteristic pattern of compulsory prepaid insurance for medical care, cash sickness benefits and death benefits for injured workmen, has been established in every province in Canada[7, 8]. The cost of this service is borne by the whole community through the device of collecting it as an insurance payment from the employer. The insurance collections and fund, the medical care service, and the cash benefits, are administered in each province by a Workman's Compensation Board which is separate from the provincial health department. The industrial hygiene divisions of provincial health departments work closely with the Boards and with health services in industries to provide a complementary industrial health service.

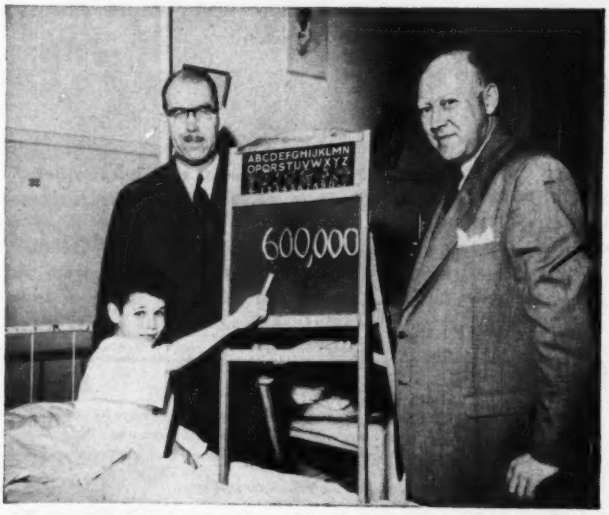
Since 1944 the Province of Saskatchewan, through the Saskatchewan Cancer Commission, has provided for the diagnosis and treatment of cancer patients in the province at public expense. This includes the costs of hospitalization, surgery, radiotherapy, drugs while hospitalized, home nursing visits, and other necessary services. Two specialist centres are operated where most of this work is done. The Commission takes the responsibility for seeing that a high quality of service is given, including adequate clinical histories, physical examinations and laboratory diagnostic tests, surgery to be performed only by qualified specialists, adequate courses of radiotherapy, and suitable follow-up of the patient[9].

Most other provinces have undertaken less comprehensive programs. In some, diagnostic centres have been established at a number of points throughout the province. The cost of these is met in part from public sources or through the voluntary cancer societies. Some provinces have also taken steps to encourage the establishment of more adequate treatment facilities and to help keep the medical profession up to date in the diagnosis and treatment of cancer.

The Saskatchewan Department of Welfare operates the only comprehensive rehabilitation program available to the adult civilian population in Canada, other than veterans, and injured workmen. This program is based on principles that the Department of Veterans' Affairs and certain provincial Workmen's Compensation Boards have shown to be effective in reducing substantially the period of disability, the extent of residual disability, and the costs of sickness. In Saskatchewan this service is available to all residents over sixteen whose disablement is serious enough to constitute an employment handicap. The costs of complete medical and diagnostic services, medical rehabilitation, vocational guidance and training, job placement, allowances for maintenance, clothing, transportation, tuition fees and other necessities may be provided at public expense[10].

In Manitoba, medical diagnostic services for the general population, including radiology and laboratory examinations, are being developed as a public health service. Based on the local health unit, these services are available under the direction of the patient's physician. They are paid for in the same way as the preventive public health services, by local taxation assisted by a provincial government grant.

In co-operation with voluntary agencies, most provinces are providing increased services to various groups of handicapped persons or crippled children. The treatment of poliomyelitis is provided generally at provincial government expense. This presents no administrative problem because of a long tradition of health department responsibility for communicable diseases. Provision for such illnesses as diabetes, paraplegia, cerebral palsy, prematurity, and similar conditions is something of a new departure. Assisted by the federal health grants, provincial health departments are taking an increased interest in these fields.



Howard Langlois, nine, hospitalized at Notre Dame Hospital, Montreal, is the 600,000th person in Quebec for whom the Blue Cross has paid benefits since May, 1942. Howard has just received a toy blackboard to commemorate the event. It was presented by Blue Cross Director E. Duncan Millican, right, while Dr. J. R. Boutin, medical director of the hospital, looks on.

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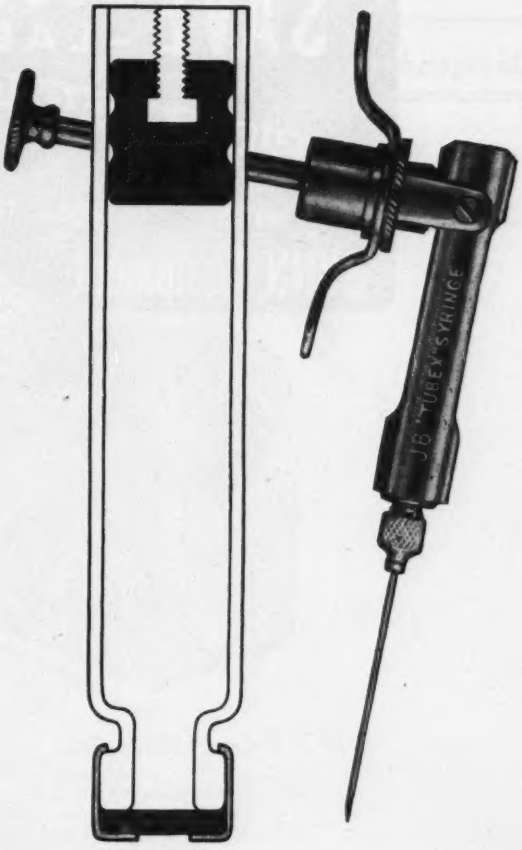
cartridges have these exclusive features



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Possibly arthritis and the cardiovascular-renal diseases may be the next for which health department programs are developed.

Licensing, Professional Training, and Location of Physicians

In every province there is a Medical Act and also legislation for the licensing of nurses, dentists, pharmacists, and other such personnel, including irregular practitioners, drugless practitioners, and the like. The responsibilities of the state for medical licensing in Canada go back to a bill promulgated by the Intendant, Bigot, in 1750[11]. As a rule, medical licensing to-day is not administered directly by the health department although it is part of the responsibility of the Minister of Health. Following the principle of the English Medical Act of 1858, the medical profession in each province is regulated by a government-appointed board or college which is sometimes elected or nominated by the profession. Registration of nurses has in some provinces been administered more directly by the health department.

Provincial government responsibility for the training of medical and auxiliary personnel has been even more indirect. Most medical schools and teaching hospitals are dependent in some measure on provincial government funds for their support. More recently, with a view to the introduction of health insurance, governments have been taking stock of the supply and distribution of medical manpower. It may be anticipated that it will be a part of future public policy in the health field to ensure the training of adequate numbers of physicians, dentists, nurses and others, and to make their services available throughout the province.

The cottage hospital program in Newfoundland is an illustration of one way in which this is being done directly by provincial health departments through subsidizing and providing adequate hospital facilities for physicians to serve outlying areas. The cottage hospital doctor is paid a salary as hospital superintendent; and the Newfoundland Health Department also pays him a proportion of the health insurance premiums, and fees collected in his region. Over a third of the population of the island are provided with physician's services in this way and it seems improbable that enough physicians could be induced to locate outside of St. John's and Cornerbrook without some such arrangement.

The municipal doctor programs in the prairie provinces are another instance of the concern of provincial governments for the distribution of physicians. The province, through permissive legislation and small grants, enables local municipalities to hire a physician to provide medical treatment services for municipal residents. As a rule the physician is paid a salary for the provision of home, office and hospital care and he may charge individual fees in addition for surgery and special procedures. The municipal doctor plans are most highly developed in Saskatchewan. There the provincial health department provides equalization as well as incentive grants to municipalities. Approximately one hundred and fifty municipalities in the province operate such services.[6]

Health Insurance

The cottage hospital and municipal doctor services, the provincial indigent medical care programs, workmen's compensation, hospitalization insurance in the three western provinces, and the public health programs providing treatment for mental illness, tuberculosis, cancer and other diseases at public expense, have all been discussed in relation to traditional concepts of the health responsibilities of provincial governments in Canada. Taken individually they may be regarded as logical, or perhaps as radical, extensions of one of the traditional roles of these governments in providing preventive services, institutional care, medical care for special groups, and aid in the supply of physicians. However, taken together, a new and (to some minds) startling concept of the role of government in the

---

WHO Consultant Completes Health Survey in Libya

The geologist, the water engineer, and the agriculturist will be the chief agents for improving the health of the new state of Libya, in North Africa, according to Dr. D. K. Lindsay of the World Health Organization, who recently completed a six-month survey there. Dr. Lindsay is one of a group of United Nations Technical Assistance Experts. Poverty and poor living conditions in Libya do not result from the ravages of disease, as in many fertile countries, but are caused by the almost overwhelming difficulties of extracting a living from the desert wastes. The survey has shown that it is essential for health authorities to work with the water engineers on new irrigation systems lest they should produce the conditions under which malaria, schistosomiasis, and yellow fever will thrive.

At the moment Libya is a predominately healthy country for adults but a very fatal one for infants. The three most important diseases are infantile gastroenteritis, tuberculosis, and eye infections. It is believed that about one-quarter of all babies born die of gastroenteritis, which probably originates in bad feeding habits. The development of infant and child health programs and the training of Libyan women to carry them out has been recommended in the survey.

Trachoma is the most prevalent eye disease in Libya where about 30 per cent of the people show signs of active or past eye inflammations. Its importance is reflected by the fact that up to 10,000 people out of a total population of about 1,000,000 are totally blind and another 100,000 have seriously defective vision. Tuberculosis seems to be increasing, especially among country people drifting to the towns for the first time. Mass radiography and vaccination with BCG have also been recommended.

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provision of health services emerges.

This is the concept that government is responsible for seeing that adequate medical care is provided for the whole population on the basis of medical need rather than ability to pay. This concept is related to a trend towards the increasing assumption of responsibility by governments for the provision of social services.[12] It is the philosophy behind the provision, in many Western countries, of medical care by government for most of the population with little or no charge to the patient on receipt of service.

Such medical care programs usually have been provided by governments for economic as much as for health reasons. Sir William Beveridge in his famous report on, *Social Insurance and Allied Services*[13] emphasized that without a comprehensive national health service no social security program can be effective. In accord with this view the introduction of health insurance and public medical care programs in most Western countries has been part of an over-all social security plan, including unemployment insurance, workmen's compensation and universal old age pensions.

In Canada too, planning for health insurance by the federal government has been related closely to social security planning. Thus the Marsh Report in 1943[14], and the Dominion proposals to the provinces in 1945[15], included health insurance as part of an over-all social security program. The only public health insurance programs in Canada today, however, are provided entirely by provincial governments without federal assistance or support.

Health insurance, providing hospitalization only, has been introduced in Saskatchewan and British Columbia for virtually the whole population. Outside of Newfoundland and apart from workmen's compensation, health insurance providing physicians' services as well has been introduced only in one health region in Saskatchewan. In this area in the south-west corner of that province approximately 50,000 people are served by about thirty-six physicians. The doctors are paid on a fee-for-service basis by a regional health board located in Swift Current and elected by the municipalities in the region. A premium and a land tax are collected from the local residents and the province contributes to the cost of the service.[16]

The Federal Health Grants

The 1948 Federal Health Grants[17] were introduced as the "first stages in the development of a comprehensive Health Insurance Plan for all Canada"[18]. If the Draft Health Insurance Bill tabled in the House of Commons in 1943[19] and 1945 Dominion proposals are any indication, presumably this "comprehensive Health Insurance Plan for all Canada" is to be administered by the provincial governments, assisted by substantial federal money grants.

Quite apart from health insurance, the federal health grants represent an increased assumption of federal responsibility for Canadian health services. Increased federal leadership in initiating national policy in health matters may be anticipated.

The skilful administration of such grants is the greatest challenge facing public health administrators in Canada today. As might be expected with a large new program, a number of administrative difficulties have been encountered. Close co-ordination of federal and provincial health policies must be achieved if full use is to be made of the existing public health grants.

As these difficulties are overcome the real value of the federal health grants will be seen more clearly. By spreading the cost of health services across Canada on the basis of ability to pay, they might well succeed in raising the standards of all provincial and local health services to a more uniformly high level.

Bibliography

5 Government of Canada, Department of Trade and Commerce, Dominion Bureau of Statistics: "Health reference book, 1948." Ottawa. Pp. 70 and 88.

6 Province of Saskatchewan, Health Services Planning Commission: "Annual Report, 1949-50." Regina. Pp.27-33 and 39-40.

7 Willis, J. (editor): "Canadian boards at work." Toronto, The Macmillan Company, 1941. Pp. 22-47.

8 Government of Canada, Department of National Health and Welfare, Research: "Rehabilitation of disabled persons." Ottawa, 1951. Chapter IV, pp. 45-56.

9 Saskatchewan Cancer Commission: "Annual report, 1949." Regina.

10 Government of Canada, Department of National Health and Welfare, Research Division: "Rehabilitation of disabled persons." Ottawa, 1951. Chapter III, pp. 8-9.

11 Heagerty, J. J.: "Four centuries of medical history in Canada." Toronto, The Macmillan Company, 1928. P. 315, Volume I.

12 Barker, E.: "The development of public services in Western Europe, 1660-1930." London, Oxford University Press, 1945. Pp. 66-78.

13 Beveridge, W.: "Social insurance and allied services." New York, The Macmillan Company, 1942.

14 Government of Canada, Committee on Reconstruction: "Report on social security for Canada: the requirements for post-war planning." (Marsh Report). Ottawa, 1943.

15 Government of Canada, Dominion Provincial Conference on Reconstruction: "Proposals of Government of Canada." Ottawa, 1945.

16 Mott, F. D.: "Prepaid medical care under government auspices in Saskatchewan." Canadian Journal of Public Health, 41:403-410, October 1950.

17 Rouse, F. W.: "A brief review of federal health services (Parts I and II). The Canadian Hospital, Volume 28, No. 7, July 1951, p. 40 and No. 8, August 1951, p. 38.

18 King, W. L. M.: Hansard, May 14, 1948.

19 House of Commons, Special Committee on Social Security: "Health insurance, report of the Advisory Committee on Health Insurance." Ottawa, 1943. Pp. 3-43.

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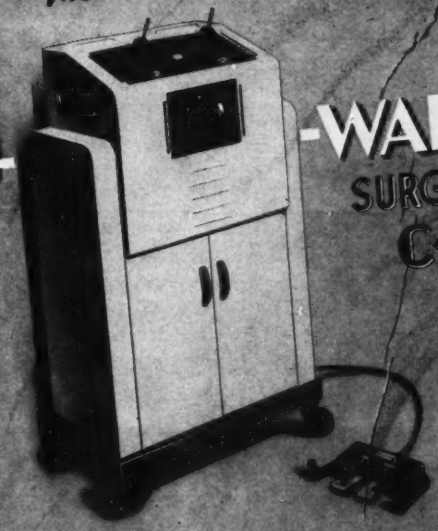

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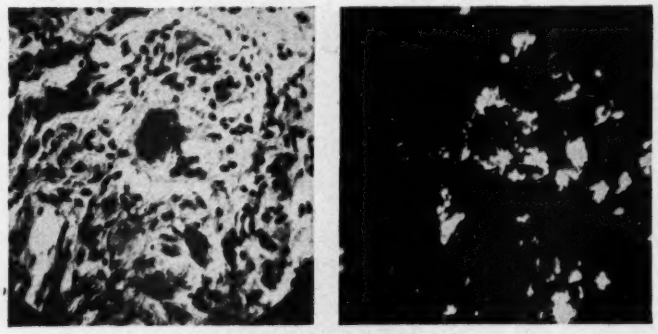

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Bureau d'Administration

(suite de page 47)

à un millier et plus d'employés, où les patients se comptent par plusieurs centaines, est une institution grande et compliquée à conduire. Pour se tenir au courant dans la marche des activités, l'administration doit se réunir souvent, au moins tous les mois, avoir à sa disposition des rapports détaillés de toutes les sections de l'hôpital, les étudier et faire les recommandations nécessaires. Il doit selon des règles établies se réunir au besoin.

Si, pour un instant, nous nous arrêtons à penser à ce qu'est la maladie, aux troubles moraux et physiques qu'elle entraîne, à la désorganisation familiale et sociale que souvent elle occasionne, il ne nous est pas permis de la prendre à la légère ou de l'envisager avec indifférence. Ceux qui prennent la responsibilité de la combattre doivent jouir d'une autorité grande et même absolue.

Il n'y a pas si longtemps, le médecin seul jouisait de cette autorité. Lui seul, diagnostiquait la maladie, lui seul, préparait, pratiquait, et contrôlait l'acte médical ou chirurgical. Aujourd'hui, les transformations modernes veulent que des organisations complexes et variées partagent cette responsibilité. Dans l'hôpital moderne, le succès ou l'insuccès de l'acte médical ou chirurgical ne dépend plus exclusivement du médecin ou du chirurgien, mais d'un personnel nombreux qui n'est presque jamais sous la juridiction du médecin ou du chirurgien lui-même, d'un matériel technique dont le soin et l'entretien se font à l'insu du médecin. Ce sont là tout autant de facteurs indépendants du médecin, mais dont il doit se servir pour exécuter son travail.

Dans l'hôpital moderne, le résultat de l'acte médical ne depend donc plus exclusivement de la compétence du médecin mais de tout le personnel, de tout le matériel, en un mot, de l'organisation même de l'hôpital. Or, cette organisation sera celle qui lui donnera le bureau d'administration. Il est clair que le corps administratif qui possède une telle responsabilité doit avoir en mains, l'autorité de tout contrôler.

Le bureau d'administration de l'hôpital possède cette autorité. L'hôpital est maître chez lui. Une fois son existence reconnue, il est responsable de sa destinée. L'hôpital est responsable de ses médecins, comme de tout son personnel. C'est l'hôpital, ce sont les dirigeants de l'hôpital qui doivent porter les responsabilités de tout ce qui se fait à l'hôpital: "Respondert Superior." Si donc, les devoirs des administrateurs sont aussi grands, ceux-ci doivent jouir d'une autorité absolue dans le choix du personnel et dans l'imposition de règlements qui régisent tout. Mais, pour qu'une autorité puisse être efficace, pour qu'un corps administratif puisse diriger avec efficacité, il doit jouir d'un double pouvoir, pouvoir législatif, pouvoir exécutif. Dans l'hôpital le bureau d'administration possède seul le premier, c'est-à-dire, le pouvoir législatif. C'est lui décide tout, c'est lui qui impose tout règlement, c'est lui qui sanctionne toute décision. L'hôpital sera-t-il petit, sera-t-il grand, sera-t-il général ou spécialisé, sera-t-il ouvert ou fermé, un médecin sera-t-il accepté ou refusé ou un contrat sera-t-il adjugé à tel ou tel contracteur, seul, le bureau d'administration peut décider. Mais, cette autorité législatif pour être acceptable ne doit pas se nourrir de dictature. Au contraire, elle doit chercher des reseignements, des informations auprès de personnes ou groupes capable de la bien orienter, de la bien conseiller.

Quant au pouvoir exécutif, le bureau d'administration s'en départit et en confère l'autorité à une personne que lui-même choisi, que l'on appelle surintendant, administrateur ou directeur général. Il est de toute première importance que les pouvoirs de ce dernier soient nettement délimités par le constitution de l'hôpital. Car, une fois son champ d'action clairement établi est accepté, il n'est plus permis à aucun membre de nuire ou d'entraver l'action du surintendant. Il est bien entendu que l'administration peut en aucun temps exiger des rapports, des comptes rendus de son surintendant, mais une fois nommé et tant qu'il est en fonction, le surintendant a seul pleine et entière autorité pour exécuter les ordres du bureau d'administration. L'immixtion d'un membre du bureau d'administration dans la fonction du surintendant amène infalliblement un conflit d'autorité, et comme conséquence l'hôpital en souffre.

L'hôpital moderne est une institution grande et complexe qui doit être parfaite dans son organisation, tout doit y fonctioner avec ordre et souplesse, et dans toutes les sections, l'autorité doit être respectée. Pour attendre ce but, la responsabilité en revient à la compétence, au dévouement et aussi, à la sagesse des membres du bureau d'administration.

Post-Natal Perineal Care

(Concluded from page 56)

practice of keeping open bulk packages on the wards. It is necessary now to keep only a relatively small stock of sterile individual bundles.

4. The patient appreciates having a completely new and sterile unit used for her cleansing and dressing each time, rather than a pitcher of solution, bundle of dressings, et cetera that may have been to several other patients prior to reaching her.

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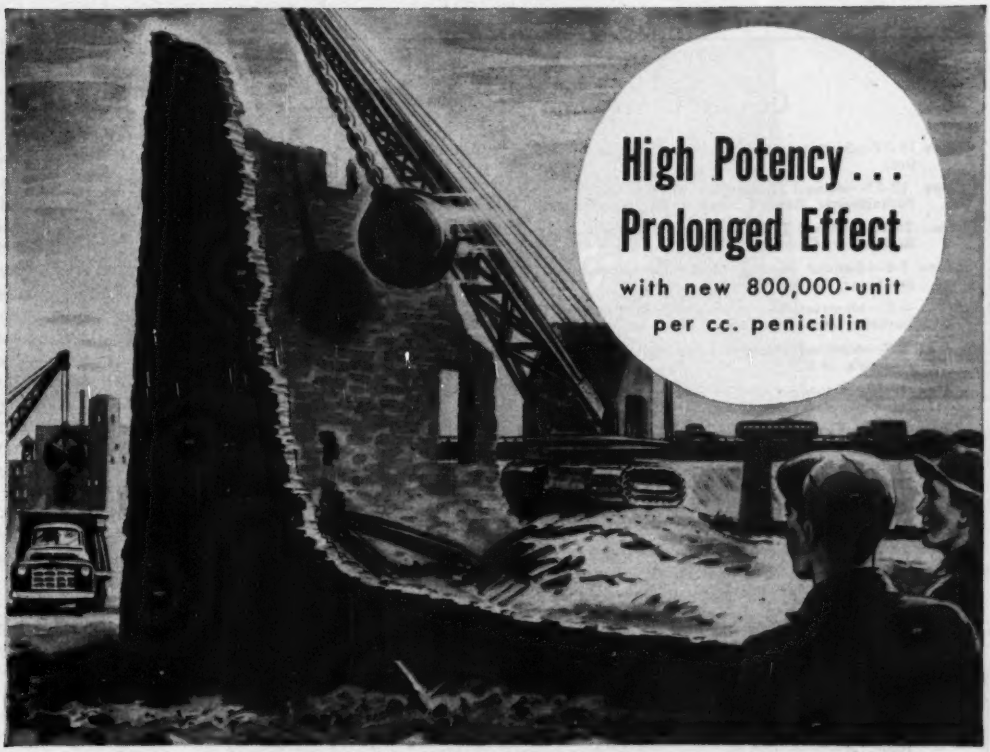

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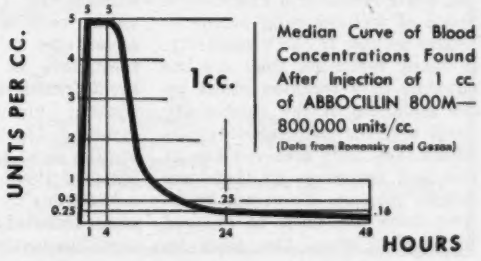

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May 16-17—Sectional Meeting of the American College of Surgeons, Toronto, Ont.

May 18-21—Annual Convention of the Canadian Society of Laboratory Technologists, General Brock Hotel, Niagara Falls, Ont.

May 26-29—Annual Convention of the Catholic Hospital Association, Public Auditorium, Cleveland, Ohio.

June 1-6—Biennial Meeting of the Canadian Nurses' Association, Chateau Frontenac, Quebec City, P.Q.

June 4-6—Montreal Hospital Council's Institute on Hospital Accounting and Statistics, McGill University, Montreal.

June 6-9—Maritime Hospital Association Convention, Algonquin Hotel, St. Andrew's, N.B.

June 10-12—Canadian Dietetic Association Convention, University of British Columbia, Vancouver, B.C.

June 15-18—Canadian Public Health Association, Fort Garry Hotel, Winnipeg, Man.

June 16-20—Western Canada Institute for Hospital Administrators and Trustees, University of British Columbia, Vancouver, B.C.

June 23-25—Convention of the Comité des Hôpitaux du Québec, Palais de l'Agriculture, Quebec City, P.Q.

June 23-27—Institute on Hospital Pharmacy, Toronto.

Sept. 3-6—Annual Convention of the Canadian Society of Radiological Technicians, Palisser Hotel, Calgary.

Sept. 15-18—Annual Convention of the American Hospital Association, Philadelphia, Penn.

Oct. 8-9—Saskatchewan Hospital Association Convention, Bessborough Hotel, Saskatoon.

Oct. 16-18—Associated Hospitals of Alberta Convention, Palliser Hotel, Calgary.

Oct. 22-24—Associated Hospitals of Manitoba Convention, Royal Alexandra Hotel, Winnipeg.

Oct. 27-29—Ontario Hospital Association Convention, Royal York Hotel, Toronto.

Oct. 30-31—Annual Convention of the Ontario Conference of the Catholic Hospital Association, St. Joseph's Hospital, Toronto.

Voluntary Hospitals

(Continued from page 31)

their complete administration by state bodies could mean the attempt to annihilate the principles for which we stand, principles based on the very foundation of a safe and well-organized human society.

Please do not think I wish to under-estimate the position of other voluntary hospitals. They, too, are a result of a desire by a group of well-meaning people to render service to the community. In many instances, they are the outcome of a common effort by the members of the community itself and the admirable results which they have achieved are an eloquent testimony of their unselfish purpose. They, too, must live; they, too, must be allowed to develop; they, too, must be allowed to regulate the use of that which they have acquired by effort and planning.

The voluntary hospitals plead for the assurance that they will be allowed the normal existence of any body that is sane, that has taken an honorable position in society, that has not called upon itself the condemnation of vindicative justice by the violation of natural or just civil laws. They plead not for a favour which they value because of its material advantages, a favour to which they have no positive claim, a favour which may be denied them without violating any ethical standard. No, they lay their claim for the right to existence on the force of their conviction that it is their due by the fact that they were founded upon justice, for unselfish motives, that they have thrived on philanthropic and philosophical ideals, and that they wish to better themselves only to promote the self-same purpose for which they came into being. Moreover, voluntary hospitals realize that the tendency of the state to absorb their system of operation into a uniform plan is but one aspect of a tragedy for the entire people of the country around them. It is against this tendency as much as against the actual loss of their institutions that hospitals wish to react — a tendency which, if followed to its logical conclusion, will bring upon entire peoples results that are certain for those who have no respect for the law of private ownership.

Who are the enemies of voluntary hospitals? Who are their opponents? In name, they are three — socialism, communism, and collectivism. They are divided on the means of organizing the new society of which they dream but they all agree on the theory that private ownership, or rather, the ownership of private property must be suppressed, that the property of each man should be held by all in common, and, that its administration should revert to the municipality or the state. By means of this transfer of ownership and this equal distribution of wealth and commodities among citizens, they flatter themselves with the hope of applying an efficacious remedy to present evils. These systems are, therefore, opposed to the natural law, subversive of all the rights and even of the very foundation of human society. (Qui Pluribus P. IX). Besides the injustice of this system, its fatal consequences are but too plainly visible: disturbance in ranks of society; subjection of citizens to a new slavery; opening of the door to generalized dissension and discontent; suppression or deprivation of proper incentive for talent and ability and, as a consequence, the eventual drying up of the very sources of wealth.

In the place of the equality so fondly imagined, there would result equality in destitution, in indigence and in misery.

(Conluded on page 100)

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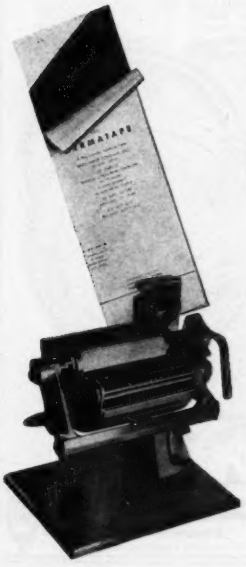

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Book Reviews

(Concluded from page 70)

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Controlling Supplies

(Concluded from page 40)

as valid as those given by a perpetual inventory system and, although the administrator and accounting department, at any given time, will not know the quantity of each item that should be on the storeroom shelves, they will know, monthly, the total dollar value of each division of supplies in the storeroom. Periodic physical inventories of various divisions of supplies may be taken and valued and discrepancies indicated. In this way, the system exercises a fairly adequate control on the storekeeper.

In summary, it can be said that, in order to control supplies in a small hospital, there should be the greatest possible degree of centralization. A modified version of a perpetual inventory system, as outlined above, is possible in the small hospital and is a valuable method of determining monthly expense figures.

Voluntary Hospitals

(Concluded from page 96)

I realize that I have been dealing with abstractions; yet I trust that you have been able to follow logically the line of thought which proves, undeniably, the case of the voluntary hospital. I would like to think that I have been more successful in putting before your mind the principles which inspire the Catholic hospitals to take the stand that is theirs, when the issue of surrendering their ownership comes up, than was the little boy about whom the following story is told.

Little Tommy, aged four, was unusually quiet as his mother went about her duties in the kitchen. On entering the living room, she found him busily drawing, so she asked him what he was doing. "Oh, I'm drawing a picture of God, see!" and he showed his mother a strange-looking drawing. The mother smiled and said: "Tommy, dear, God is a spirit, we cannot see Him, nobody knows what He looks like." Undaunted, Tommy replied: "I know, Mamma, but they will now."

Take a Deep Breath

Overweight people are usually shallow breathers. Oxygen helps to burn up body wastes and fats, so deeper breathing will aid in that reducing program.

DIXIE CUPS
don't have to be washed

Dixie Cups save hours of labour and time now spent washing dishes. Food service will also be speeded up because Dixies are always ready for instant use.

But saving time and labour are only two of the big helps that Dixie Paper Cup service gives you. Dixie Cups provide constant protection from mouth-borne infection . . . eliminate dangers of improperly washed dishes. And there's no disturbing clatter and rattle when Dixies are used . . . no nerve-wracking crash of dropped crockery or glasses.

Dixie Paper Cups and Containers make food service in busy hospitals and institutions a faster, quieter, safer and thriftier job. Have Dixie Paper Service put into effect at your hospital now.

Hot Drink Dixies in a variety of sizes for coffee, tea, cocoa.

Cold Drink Dixies for water, fruit and vegetable juices, milk, and soft drinks.

DIXIE CUPS

Dixie Food Dishes for ice cream, salads, puddings, and fruit.

Sampling Dixies for cream, sugar, mustard, condiments.

DIXIE CUP COMPANY (Canada) LTD.

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BRAMPTON, ONTARIO

Federal Grants

(Concluded from page 66)

doctors, with preference being given to persons who require both bed rest and physiotherapy and whose cases show greatest opportunity to prevent or correct serious disabilities.

The federal government has just earmarked money to assist in equipping a combined hospital and public health laboratory in the new Swift Current Union Hospital. The laboratory will provide a much more rapid service for the hospitals and public health workers in the district as, formerly, work had to be done in Regina. Space has been provided in the Swift Current hospital to accommodate an assistant pathologist and five technicians. In addition to carrying out the laboratory work required by the hospital's in-patients and out-patients, the laboratory will also be a reference centre for laboratories in the smaller hospitals.

Tuberculosis

The Toronto Hospital for Tuberculosis, Weston, Ont., is undertaking a study of its former patients to find out the effectiveness of the treatment they received when hospitalized. The federal government will provide a grant of $8,700 to finance the study.

Basis of the study will be the files of ex-patients already available in the hospital's medical records department. The first part of the research will involve patients who had genito-urinary tuberculosis. This will be followed by studies of those with bone and joint tuberculosis and, finally, of those who had pulmonary tuberculosis. Reports of the present condition of former patients will be correlated with the treatment they received while in the hospital, the method of their discharge, and the length of time since they were last in hospital. The federal grant will help meet the salaries of the doctor and clerical assistants who will carry out the project.

Funds have also been provided to pay for the salary of a nurse instructress. Such an appointment enables the Toronto Hospital for Tuberculosis to meet the requirements for an affiliation course in tuberculosis nursing for student nurses from the Toronto Western, Toronto General, and Toronto East General hospitals, the School of Nursing, University of Toronto, and St. Joseph's Hospital, North Bay, Ont.

More than $186,000 has been allotted to the Royal Edward Laurentian Hospital, Montreal, to help meet the construction costs of a new building which will have space for 100 additional beds for tuberculosis patients, two new operating rooms, and extensive laboratory facilities. The new building will have bacteriological, physiological, and radiological laboratories which will enable the hospital to give up-to-date treatment to its patients and, at the same time, provide teaching facilities for both graduate and undergraduate students, and to stimulate research in tuberculosis.

Notes About People

(Continued from page 62)

United States and Canada, while directing the hospital standardization movement of the American College of Surgeons. The Commission is comprised of five great national organizations: the Canadian Medical Association, the American Medical Association, the American College of Surgeons, the American College of Physicians, and the American Hospital Association.

The recognition of Doctor MacEachern was one of the first actions of the Commission after it was organized on December 15, 1951. In acclaiming his work as "unique throughout the world" the Commission has presented Doctor MacEachern with a Resolution of Commendation praising his efforts in developing and directing the hospital standardization program during the 27 years he served with the American College of Surgeons.

C. F. Matheson Administrator at Colchester County Hospital, Truro.

Cyril F. Matheson of Dartmouth, N.S., has assumed his new duties as administrator of Colchester County Hospital, Truro, N.S. Formerly an auditor with the Nova Scotia government, Mr. Matheson's hospital experience includes his work at the Nova Scotia Hospital and the Kentville Sanatorium as an auditor for the government.

* * * *

New Director of Nursing at Memorial Hospital, St. Thomas, Ont.

Miss H. B. Lewis, newly appointed director of nursing at the Memorial Hospital, St. Thomas, Ont., formerly held a similar position at the Chatham Public General Hospital, Chatham, Ont. A graduate of the Chatham hospital in 1939, Miss Lewis took specialized training in Michigan, did post-graduate work at the University of Toronto, and, in 1946, completed the course in industrial nursing at the Univer-

sity of Western Ontario, London. She has served on the staffs of the Woodstock General Hospital and the Norfolk General Hospital, Simcoe, being assistant superintendent at the latter institution.

* * * *

J. A. Ricciatti Appointed to Position at Kirkland Lake, Ont.

J. A. Ricciatti of Kirkland Lake, Ont., has been appointed secretary-treasurer of the Kirkland and District Hospital and assumed his new duties at the beginning of April. Formerly on the staff of the Workmen's Compensation Board, Mr. Ricciatti replaces W. E. Cox who was recently appointed superintendent of the Guelph General Hospital, Guelph, Ont.

* * * *

Matron Appointed at Invermere, B.C.

Doreen Crowe, Reg. N., has been appointed matron of the Lady Elizabeth Bruce Memorial Hospital, Invermere, B.C. Miss Crowe has been a member of the hospital's nursing staff since September 1951 and has been acting matron since December. A graduate of the Vancouver General Hospital's School of Nursing, Miss Crowe spent a year at the University College Hospital, London, England.

* * * *

Appointment at Goderich, Ont.

Hilda Smith, Reg. N., has been appointed superintendent of Alexandra Marine and General Hospital, Goderich, Ont. Formerly a member of the nursing staff at the Hamilton General Hospital, Hamilton, Ont., Miss Smith assumed her new duties in March.

Linen Costs

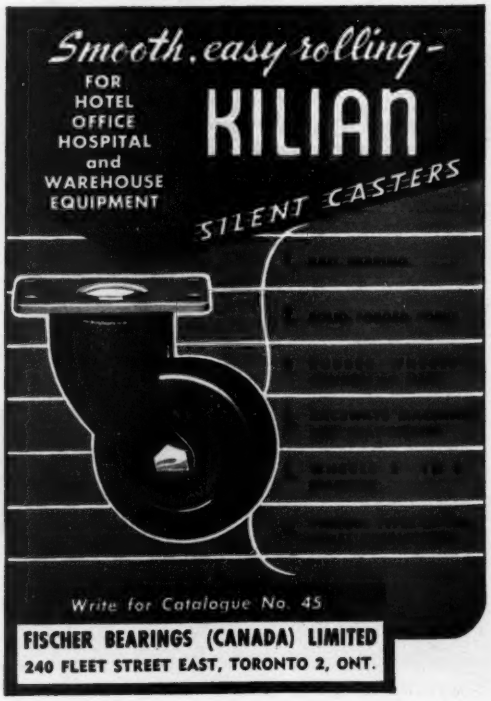
(Concluded from page 76)

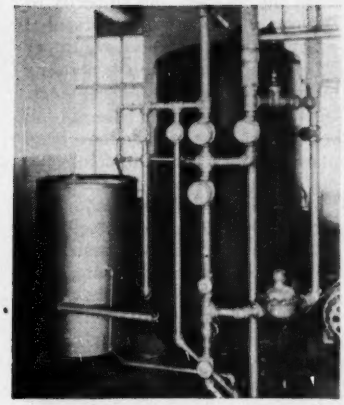
sheets, spreads, and pillowcases. If they know all the facts they will be that much more careful in the usage and the handling of linen. In fact it is good business to keep personnel informed on the costs of other hospital equipment and supplies as well.

There is certainly as yet no cure-all magic formula for linen control and the system that will work to best advantage in your hospital must be worked out by trial and error. The important thing is to make a start and persevere.

At the Vancouver General Hospital we have our plan. It is a long-range plan that cannot be accomplished overnight but we are already looking forward to its ultimate fulfilment.

Our savings, during the first ten months of 1951, amounted to twenty per cent! Linen control, while not easy, most certainly is worthwhile!





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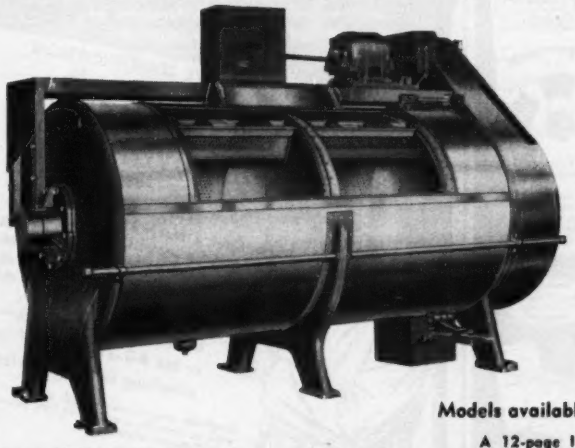

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ESTABLISHED 1902

Training the Nursing Assistant

(Concluded from page 44)

pital personnel and familiar with the distinctive uniform of the certified nursing assistant. Over 1,000 girls have graduated since the inception of this program; hence many of these uniforms are now in evidence in hospitals throughout the province. Perhaps many of you have seen the apple-green dress worn with white hoover-type apron, the white cap with narrow green binding, and the brown shoes and hose. The certified person completes her uniform with the addition of the certified nursing assistant pin.

You might be interested in a few specific details of the training program itself. The first three months are spent in the training centre where the initial instruction in theory and practice is given. The trainees then progress to the hospital field where they receive six months of supervised training in ward situations. No residence facilities are available but a training allowance of $60 per month is provided.

Employment opportunities, one might say, are almost limitless. Many areas, as yet untapped, may present themselves in the years to come. At present, the nursing assistant's services are welcomed in general, convalescent, children's and Red Cross hospitals, hospitals for mentally ill and mentally defective, and tuberculosis sanatoria. Approximately 8 to 10 are on the staff of the Victorian Order of Nurses here in Toronto and a goodly number are doing private duty through the Central Nurses' Registry. A handful, too, have of late joined the Armed Services. From all indications the nursing assistant is very much in demand and one would feel that the saturation point for this worker is some distance in the future.

The graduate herself is anxious to do her part as a member of the hospital staff and is aware of her responsibilities. However, success in the acceptance of the nursing assistant as a co-worker and the understanding of her role as a staff member depends largely upon the interest and sincerity of the rest of the hospital personnel —both permanent and volunteer members. Actually this is a young program in terms of acceptance. In the past five years information concerning this course has been placed before the public in various forms but, of course, there are as yet many persons quite unaware of such training facilities.

The certified nursing assistants are considered a semi-professional group. The need for their service is increasing and one cannot emphasize too strongly that the brightness of the future for this worker is a responsibility to be shared jointly by community and hospital persons.

While this discussion is limited to a report of the training program in Ontario, there are similar projects under way in other provinces of Canada. Under the guidance of the Canadian Nurses' Association, effort is being made to co-ordinate these various programs; hence standardization on a Dominion-wide scale is definitely a future possibility.

VANGUARD *by Maplex*

...THE *NEW* DINNERWARE DESIGNED FOR USE WHERE ...*STRENGTH IS ESSENTIAL* ...*LARGE CAPACITY IS REQUIRED*

Vanguard dinnerware of Melmac offers extreme resistance to breakage and is especially designed for ease in handling. Light in weight, it is excellent for stacking and all pieces have a special feature to permit more effective drainage and drying.

Vanguard is molded to the design and specifications of the Canadian Government Specifications Board and is especially suitable for lumber and mining camps, jails, mental homes, hospitals, military establishments and industrial cafeterias.

Switch to Vanguard . . . a sure way to reduce operating cost.

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SAVE WORK!

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For practically every cleaning job, C-I-L SPONGES are money and work-savers. Use them for washing windows, walls, woodwork . . . tile work, kitchen and bathroom fixtures . . . table-tops, counters, etc. Excellent for dishes, glassware, pots and pans.

C-I-L SPONGES are tough and durable, yet velvet-soft when wet. They can stand the wear and tear of rough surfaces, but won't scratch or mar the finest finish. They're free from grit and other impurities and easily sterilized after using.

Hold 20 times their weight in water

C-I-L SPONGES are amazingly absorbent, yet even when saturated they *float*—don't pick up dirt from bottom of cleaning pail. Their flat surfaces cover more area, square shape makes it easier to get into corners.

Cut cleaning expense by using low-cost, long-wearing C-I-L SPONGES. Available in 6 handy sizes.

Order from your supplier

●

CANADIAN INDUSTRIES LIMITED

C-I-L Sponges

(Continued from page 68)

and small kitchenette. On the main floor is a large lounge decorated in beige and green. Directly off the lounge is a kitchenette and also a small sitting-room where the nurses may entertain privately.

Manitoba

STONEWALL. At an official ceremony in March the new Rockwood-Stonewall Medical Nursing Unit was opened. It is an eight-bed structure with semi-private wards, a maternity ward, physicians' offices, facilities for a dental office, and health unit. A staff of eight will operate the unit, which was completed at a cost of $69,000 plus $14,000 for equipment. The hospital was financed by provincial and dominion grants, $45,000 in sale of debentures, and over $8,000 in donations.

Saskatchewan

SASKATOON. Agreement on the 1952 contract betwen local 287, building and technical staff of the St. Paul's Hospital, and the hospital board was reached with the two union demands for longer holidays and a sliding scale of pay increases granted by the board. The new holiday clause, effective as of April 1st, gives four weeks' holiday to employees who have been with the hospital over five years. The 1951 contract allowed a three weeks' vacation for five-year employees. A new clause in the contract will provide increases in pay after six months of employment, followed by yearly increases until the maximum salary has been reached. No pay increase was requested in the 1952 contract.

Alberta

CALGARY. Wage increases amounting to $61,700 have been accepted by the Calgary Hospital Employees' Association, local 8, at the Calgary General Hospital. All employees in local 8 will receive an increase of $27 a month, with additional increases for persons in special categories. In addition, the union accepted the board's offer of an annual four-week holiday for employees with 25 years' service or more. The wage agreement will be retroactive to January 1, 1952. Non-union dieti-

tians accepted wage increases costing a total of $1,500.

* * * *

PONOKA. Ratepayers in Ponoka hospital district have approved a by-law for borrowing $105,000 to add a new wing to the present municipal hospital. It is expected that work on the new addition will commence shortly. When the wing is completed it will provide space for 22 additional beds and increase the bed capacity to 48.

British Columbia

VICTORIA. A new five-storey wing at St. Joseph's Hospital has been officially opened. Glass has been used extensively throughout the wing. Murals and gay colours decorate the children's wards, which are located on the fourth floor. The student nurses' dining-room, located in the basement, is another feature of the wing. This room has been decorated in red and white, the student colours.

St. Joseph's Hospital, Guelph

(Concluded from page 43)

contrasting metal furniture. Drapes are of a floral pattern and add a cheerful, gay note to the decorative scheme. Floors in rooms and corridors are either of terrazzo or of green and grey block rubber tile with terrazzo base.

Several new systems have been installed throughout the hospital such as, a nurses' call system. There is also an emergency call system whereby the nurse can obtain assistance when necessary without leaving a patient's room, and another emergency signal system for the case rooms and nursery. Oxygen can be piped into a number of rooms. There is a centrally controlled wall suction which is ready for immediate use at all times in the case rooms, operating rooms, fracture room and the special treatment room in the children's ward.

The architect who planned the new wing is Bernal Jones of Kitchener, Ontario.

JUNIOR EXECUTIVE POSITION REQUIRED

Young man, four years administrative experience, lately Deputy Purchasing Agent to Hospital Group in England of 1100 Beds, requires junior executive position. References available. Apply to Box 518L. The Canadian Hospital, 57 Bloor Street West, Toronto.

MATRON WANTED

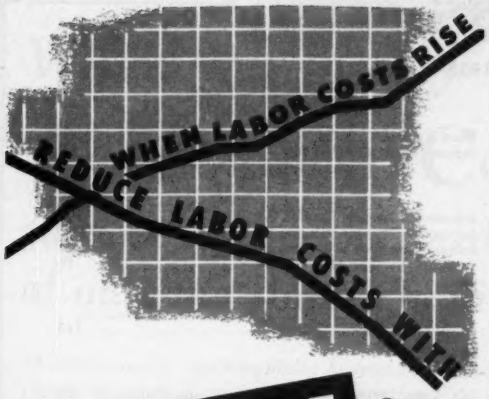
For new fully modern 36 bed hospital. Attractive surroundings and ideal working conditions. Separate Nurses' Residence. Accumulative sick leave, one month holiday after 1 year of service. Duties to commence May 1st, 1952. Apply stating salary expected, qualifications and experience. Mrs. M. Hamilton, Sec.-Treas. Neepawa district Memorial Hospital, Neepawa, Manitoba.

WANTED: PHYSIOTHERAPIST

Properly certified physiotherapist required for existing hospital of 150 beds, soon to be replaced by modern 225 bed institution. Generous staff benefits. Salary open. Apply to Executive Director, The Moncton Hospital, Moncton, N.B.

LABORATORY TECHNICIAN WANTED

Wanted: Fully qualified Laboratory Technician immediately. Address applications to Mr. A. S. L. Corner, Administrator, Nanaimo Hospital, Nanaimo, B.C.



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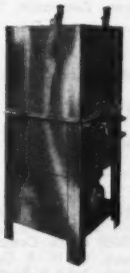

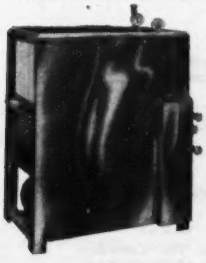

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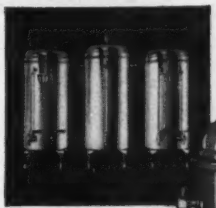

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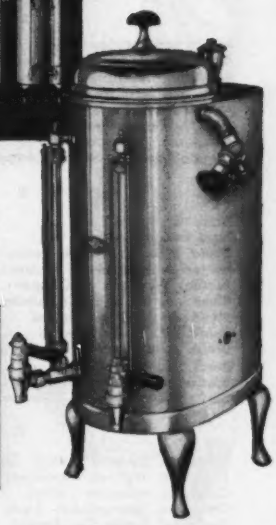

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Index of Advertisers

May, 1952

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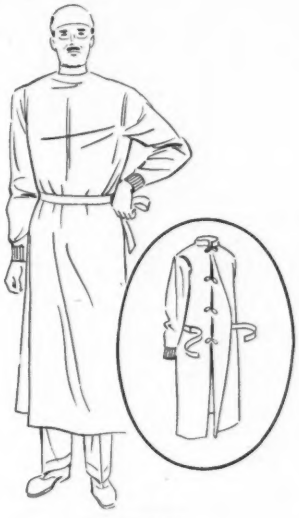

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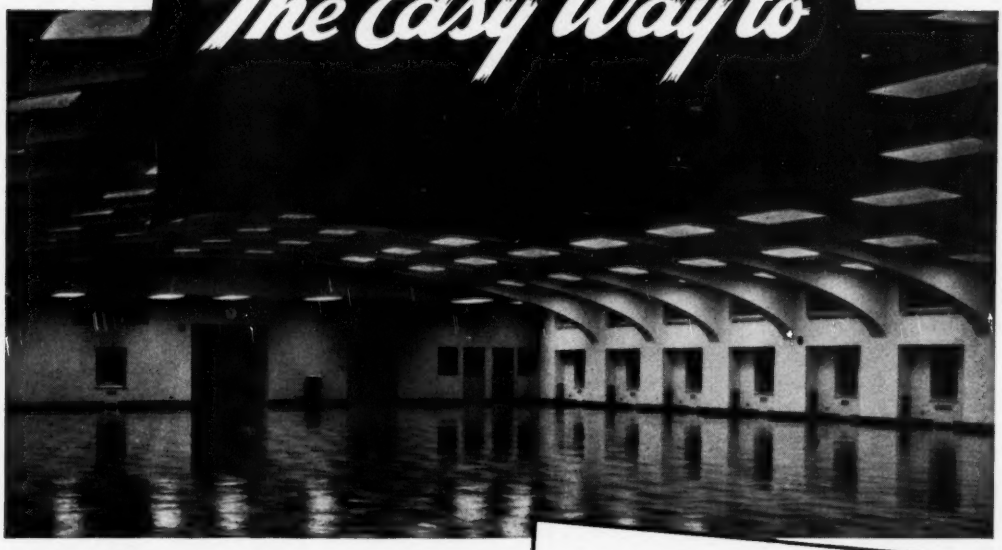

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Yours very truly,

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